

Exhibit C

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION**

**IN RE: ETHICON, INC. PELVIC
REPAIR SYSTEM PRODUCTS
LIABILITY LITIGATION**

THIS DOCUMENT RELATES TO:

Shelby Anders v. Ethicon, Inc., et al.
Case No. 2:12-cv-05168

**Master File No. 2:12-MD-02327
MDL No. 2327**

**JOSEPH R. GOODWIN
U.S. DISTRICT JUDGE**

CASE SPECIFIC RULE 26 EXPERT REPORT OF BRUCE ROSENZWEIG, M.D.

I am Bruce Rosenzweig, M.D. Any and all medical opinions rendered in this report represent my opinions, all held to a reasonable degree of medical certainty, and are based to a reasonable degree of medical probability and are based on scientifically reliable evidence.

I. BACKGROUND AND QUALIFICATIONS

I am currently an Assistant Professor of Obstetrics and Gynecology at Rush University Medical Center in Chicago, Illinois. I received my MD degree in 1984 from the University of Michigan in Ann Arbor, Michigan. Following graduation from medical school, I completed an Obstetrics and Gynecology Residency at Michael Reese Hospital in Chicago. In 1988, I attended a one year pelvic surgery fellowship at State University of New York in Syracuse, New York. Following that fellowship, I attended a two year Urogynecology and Urodynamics fellowship at UCLA Harbor General Hospital in Torrance, California. After graduating from the Urogynecology fellowship, I became a faculty member at the University of Illinois in Chicago. I started a Urogynecology program at the University of Illinois and also was the residency program director. In 1998, I went into private practice, and subsequently established a private

practice at Rush University Medical Center. I have also worked at John H. Stroger Hospital here in Chicago from May 2003 until November 2010 and Weiss Memorial Hospital as Associate Chair of Gynecology from February 2011 until July 2012. I have published numerous articles and given numerous lectures on the topics of pelvic organ prolapse, urinary incontinence and repair of pelvic organ prolapse. My full qualifications are set forth in my Curriculum Vitae attached to this Report as Exhibit A.

Throughout my career, I have performed over a thousand pelvic floor surgical procedures, including abdominal sacrocolpopexy, uterosacral suspensions, sacrospinous ligament fixations, native tissue repairs, biological graft repairs and synthetic mesh repairs. I have also used numerous synthetic pelvic mesh products, including both POP and SUI products. In addition, I have performed over 300 surgeries dealing with complications related to synthetic mesh, including the removal of numerous Ethicon devices. I was also invited by at least one mesh manufacturer to, and attended, both a POP mesh training seminar and SUI mesh training seminar overseas. In addition, I was also invited and attended training on another POP kit, the Bard Avaulta. I have expertise and knowledge regarding the pelvic floor and its reaction to materials and devices. I have also invented and designed products for gynecological uses. In addition, as discussed more fully below, I have reviewed numerous Instructions for Use and have approved and drafted Instructions for Use for products.

A list of all other cases in which, during the previous 4 years, I have testified as an expert at trial or by deposition, as well as my fee schedule, is attached as Exhibit B.

II. BASIS OF OPINIONS

In formulating my opinions and preparing this report, I reviewed scientific literature, corporate documents from Johnson & Johnson and Ethicon, Inc. (collectively referred to herein as “Ethicon”), depositions of Ethicon employees, and the records and depositions specific to

Mary Anders' case. All of the opinions I have are to a reasonable degree of medical and scientific certainty. I understand discovery is still ongoing in this case, and I reserve my right to amend my opinions if further information is provided in any form including, but not limited to corporate documents, depositions and the expert reports of both Plaintiff and Defense experts. The materials I have reviewed and relied upon to form my opinion for this report are attached as Exhibit C, as well as the documents cited throughout this report. I have also relied upon my TVT-S Expert Reports in the MDL [Waves] and Philadelphia (McGee). I have reviewed, relied upon and independently verified the MDL Prolift Expert Report of Dr. Daniel Elliot.

III. FINDINGS RELATED TO SHELBYANDERS

I reviewed the pertinent medical records and depositions pertaining to the care of Ms. Anders and below are my opinions of her care, surgery, and treatment, as well as her diagnosis and prognosis. Additionally, I conducted an independent medical examination on January 5, 2017, a record of which is below.

A. SUMMARY OF MEDICAL TREATMENT

Ms. Anders (DOB: 8/25/1950) at the time of her mesh implant was a 57 y.o. G2P2. Her medical history includes diabetes mellitus, type II, asthma, rheumatic fever, polycystic ovary syndrome, irritable bowel syndrome (IBS) with adhesions that caused chronic right upper quadrant pain, left adrenal tumor, palpitations, chest pain, multiple lipomas, external hemorrhoids, abdominal pain, gastric polyps, adrenal mass, hiatal hernia, esophagitis, stress urinary incontinence (SUI), pelvic organ prolapse (POP), fibroids, GERD, hypertension, hyperlipidemia, cystitis, urinary retention, hematuria, urinary tract infections (UTI), cystitis, leaking, frequency, urge incontinence, hesitancy, nocturia, pelvic pain, fecal incontinence, low

back pain radiating to the left leg, right shoulder pain, and knee pain. Her surgical history includes a tonsillectomy, right shoulder surgery, total abdominal hysterectomy (TAH), bilateral salpingo-oophorectomy (BSO), Marshall-Marchetti-Krantz (MMK), implantation of total Prolift and TVT-S, and a mesh revision procedure. She is a non-smoker.

On July 8, 1990, she complained of increasing menorrhagia, increasing prolapse symptoms, and mild leaking with heavy lifting. She had had uterine fibroids removed in 1974. On exam, it was noted that a moderate cystocele, small rectocele, and first to second degree uterine prolapse were present. The impression was descensus uteri, metrorrhagia, cystocele and rectocele.

On July 9, 1990, Ms. Anders underwent a TAH, BSO and MMK. The pre and post-operative diagnoses were pelvic pain, menorrhagia likely, endometriosis, fibroids, and SUI. The MMK was performed using 0-Chromic suture. She was discharged on July 13, 1990. It was noted that the reason for admission was pelvic pain, menorrhagia and SUI. Additional diagnoses included endometriosis, leiomyomata uteri and adenomyosis.

On August 9, 1999, she presented to the emergency room with complaints of abdominal pain. The diagnosis was IBS with adhesions.

On August 12, 1999, she was seen for severe right lower quadrant pain. It was noted that a CT of the abdomen suggested abnormalities of the distal small bowel and cecum.

On August 24, 1999, she was seen for IBS, right sided abdominal adhesions and GERD.

On November 3, 1999, she presented with complaints of diarrhea, right sided abdominal pain and reflux. The impression was IBS, erosive esophagitis and adhesions for a gallbladder scar.

On June 21, 2000, she presented with complaints of irritable bowel with right sided abdominal pain and reflux. The impression was IBS with right sided pain from adhesions and significant reflux with bile reflux and a history of erosions and stricture.

On July 25, 2001, she was noted to have a combination of GERD sufficient to have erosions and a mild stricture and IBS sufficient to make it difficult for her to go out without having the urgent need for a bathroom. She also had right upper quadrant pain, which was due to a combination of adhesions from her cholecystectomy and spasms in her colon. The impression was GERD with erosions and stricture and severe IBS.

On September 20, 2002, she was seen for right upper quadrant pain. It was noted that she had a history of irritable bowel syndrome, cholecystectomy, and erosive gastroesophageal reflux with esophageal stricture intra-abdominal adhesions, as well as a previous history of right upper quadrant abdominal pain, which was believed to be a combination of adhesions and colonic spasms.

On January 8, 2003, she presented with right upper quadrant pain, which was believed to be from fatty liver, adhesions and IBS. The impression also included GERD.

On April 10, 2003, she presented to the emergency room with complaints of hematuria, urinary frequency and bladder spasms. She was diagnosed with an acute complicated UTI and acute hematuria. Cipro and Pyridium were prescribed.

A urinalysis dated April 11, 2003 showed Ketones: trace, heme: large, Leukocytes: large, RBC: 13, hyaline casts: 21. A urinalysis dated July 9, 2003 showed WBC: 3-6, bacteria: 1+, epithelial cells: 3-6. Another urinalysis dated October 1, 2003 showed WBC: 1-2, bacteria: rare, epithelial cells: 3-4. It was noted that her problem was not a UTI.

On March 5, 2004, Ms. Anders was seen for chest pain.

On March 2, 2005, she presented for her annual gynecology exam. On exam, it was noted that a rectocele, cystocele and prolapse were present but were asymptomatic. She had quit HRT due to hypertension.

Negative urinalyses were reported on April 21, 2005 and March 1, 2006. A urinalysis dated October 19, 2006 showed Leukocytes: small, WBC: 3, RBC: 3, squamous epithelial: 15, bacteria: 1+. A urinalysis dated May 10, 2007 showed Squamous epithelial cells: rare, bacteria: few. Another urinalysis dated July 14, 2007 was negative.

On July 16, 2007, she presented to urogynecology for vaginal prolapse. She reported difficulty urinating and some hesitancy because she had to push her prolapse back into her vagina before she could void. She further reported no stress or urge incontinence. She reported some hesitancy when she voided due to the fact that she has to push her vaginal prolapse back in before she can void. She reported getting up at night approximately every hour to urinate. She was not sexually active due to the vaginal vault prolapse, and she denied any history of dyspareunia. She also had a history of cystitis, retention and hematuria, but a prior IVP was normal. On exam, a cystocele was noted, but it was hard to determine due to the vaginal vault prolapse, which was stage IV. A dime-size ulceration was noted on the right side of the prolapse. The impression was complete vaginal vault prolapse, ulceration on the vaginal vault prolapse, atrophic vaginitis, diabetes mellitus, and hypertension. A pessary was attempted, but she could not hold it. Traditional surgical procedures, as well as newer procedures including with mesh, were discussed. She was given information to read regarding these procedures, and the plan was to return to the clinic for a preoperative appointment. She was given Premarin vaginal cream to apply to the ulceration on her vault prolapse.

On August 1, 2007, she presented for biopsy of her vaginal vault prolapse ulceration.

The pathology report showed squamous hyperplasia, perakeratosis and mild inflammation.

On August 8, 2007, Ms. Anders presented for a preoperative visit for anterior and posterior colporrhaphy with mesh, extraperitoneal colpopexy, pubovaginal sling, and cystoscopy. After an informed consent discussion, she consented to a total Prolift and TTV-Obturator (TTV-O). The assessment was total vaginal vault prolapse and urinary incontinence.

On August 14, 2007, Jeffrey Garris, MD performed an anterior and posterior colporrhaphy with mesh, extraperitoneal colpopexy, pubovaginal sling, and cystoscopy. The pre and postoperative diagnoses were urethral hypermobility, pelvic organ prolapse, stage IV, stress urinary incontinence, and vaginal ulceration. The operative report states, in pertinent part:

Extreme care was taken during the placement of [the Prolift] needle and cannula to prevent pudendal neurovascular bundle injury, as well as rectal injury; indeed, no such injury could be appreciated. . . . There was no evidence of polyp, tumor, or suggestion of rectal injury and the Prolift cannula was noted to be excellently placed. The graft was then positioned with the respective superior and inferior arms in the anterior dissection. There appeared to be excellent position of the graft with minimal wrinkling.

Extreme care was to position the graft tension-free. . . . the posterior arms were then placed, careful to make sure there was no wrinkling as well as to ensure that the graft was placed tension-free. After ensuring excellent positioning of the graft, the graft was then positioned tension-free. A second rectal exam was performed and noted with good positioning of the graft. Care was taken in position of the graft to prevent over-tensioning. The graft was once again noted to be tension-free.

After placing the bilateral arms of the TTV Secure device, the cystoscope was then introduced after removing the Foley and the urethra was noted to be without polyps, defects, or graft. The cystoscope was then removed. The TTV was then positioned using the Credé maneuver. Initially, there was Leakage. The TTV Secure device was then repositioned until there was welling at the urethral meatus without leaks.

There were no complications.

On August 20, 2007, she presented to the emergency room with complaints of fever, nausea, vomiting, worsening in her energy level, and burning with urination. Urinalysis was positive for leukocytes and nitrites. The assessment was UTI complicated by resistance to Cipro clinically as well as prolonged catheterization, dehydration, constipation, and feart palpitations. She was admitted for IV antiemetics and fluid support and discharged the following day. On August 23, 2007, she was seen due to concern for yeast infection, and Diflucan was prescribed.

On August 28, 2007, Ms. Anders presented for a postoperative follow-up visit. She complained of anal incontinence, urgency with urination, and dysuria. On exam, there was no evidence of graft exposure or erosion. The following day, she called with complaints of right upper quadrant pain, flank pain, and dysuria. Later that day, she was admitted for observation secondary to a feeling of malaise and UTI. A pelvic CT was performed, and preliminary findings suggested pelvic hematoma with no evidence of ureteral obstruction, hyrdonephrosis, abscess, or other gross abnormality. On exam, there was excellent support of the vaginal walls and no evidence of graft exposure or erosion. With bimanual compression, there was minimal to no tenderness suprapubically. An abdominal and pelvic CT showed:

- Suspect large hematoma along the anterior margin of the vagina between the vagina and the urinary bladder, measuring 9.5 cm cephalocaudad by 5.0 cm transverse by 5.0 cm AP. Cannot exclude abscess
- Small fluid collections along the left lateral pelvic side wall
- Small left adrenal nodule
- Status post cholecystectomy with mild nonspecific dilatation of the common bile duct
- Minimal pelvocaliectasis but without evidence of significant hydroureter or ureterolithiasis. There may be some low grade obstruction to flow in both ureters secondary to inflammatory thickening of the bladder at its point of contiguity with the changes in the anterior vagina
- Right peripelvic cyst

There was some concern that her healing is slower than would typically be expected.

On August 30, 2007, Ms. Anders was still having pain, but had no urinary complaints. Macrodantin was prescribed.

On September 6, 2007, she called with concern for UTI and reported that her pain was coming back, rating it as an 8.

Ms. Anders presented to urogynecology for follow-up on October 1, 2007. She had some complaints of urinary urgency, frequency, as well as an occasion of urge associated urinary incontinence. She had no difficulty voiding and no defecatory dysfunction or anal incontinence. She had not yet resumed sexual activity. On exam, there was excellent support of the vaginal walls and no evidence of graft exposure or erosion. Urinalysis was within normal limits.

She presented for her final postop exam on October 17, 2007. She was doing well, but had some leaking when she got up in the morning. A urinalysis was negative. She was prescribed prophylactic Macrobid.

On October 19, 2007, she reported cystitis leaking, frequency and pain.

A urinalysis dated February 6, 2008 was normal.

On August 20, 2009, she reported back pain. She questioned whether the Prolift device could cause back pain and was told that it could not. The following day, she was seen for lower back pain radiating down her left leg for five days. She had been to the chiropractor with no relief.

On August 23, 2009 she presented with a yeast infection “raging all over her labia”.

On August 24, 2009 she present with lumbar back pain and an MRI showed DJD with a L5-S1 disc protrusion.

On September 14, 2009, she underwent a lumbar epidural steroid injection. It was noted that an MRI of the lumbar spine showed evidence of a degenerative disc with disc bulging at the

L5-S1 level. She complained of coccyx and low back pain with radiation to the left. On November 11, 2009, a urinalysis showed: Ketones: 2+, protein: Large, nitrite: Positive, blood: large, leukocytes: Positive. A CT of the abdomen and pelvis was performed due to hemorrhagic cystitis. The impression was

- Status post cholecystectomy with stable mild nonspecific dilatation of the common bile duct. No appreciable intrahepatic duct dilatation
- Stable left adrenal nodule. Measuring 12 mm in size
- Right peripelvic renal cyst and tiny lower pole left renal cyst are documented. These were shown to be simple cysts on 08/29/2007
- No evidence of nephrolithiasis, pelvocaliectasis or ureterolithiasis
- multiple diverticula arise from the colon consistent with diverticulosis but without evidence of diverticulitis
- Postoperative changes in the pelvis consistent with prior hysterectomy and Prolift procedure
- Negative for stones

A urinalysis dated November 13, 2009, showed: Leukocytes: Small, WBC: 36, RBC: 6, squamous epithelial cells: 15, bacteria: 2+, hyaline cast: 16.

On December 2, 2009, she was seen for swelling in her ankles. She reported that she had an implant put in 4 years prior to help support the pelvic floor, and she had heard that they have caused erosion of the bladder and was concerned about it causing the UTI symptoms. She reported pelvic pain at times. She was on Cipro, and urinalysis results were: Leukocyte esterase: Moderate. Her urine from 11/13/2009 was reviewed, and it showed bacteria and it was after treatment. Her CT was reviewed and it showed stranding in the pelvic region around the Prolift device. It was noted that she had recurrent UTIs since the mesh implant procedure. She was prescribed Flagyl, Doxycycline and Cipro. She was referred to urologist T. Fleming Mattox, MD for chronic UTI. Urine culture results dated December 4, 2009 were: Mixed bacterial flora. 25,000-50,000 colony forming units per ml.

On December 10, 2009, she presented to Dr. Mattox with complaints of recurrent UTIs for two years, with two occurring the prior year. Of these, all were culture confirmed. Nothing was noted to improve her infection rate. Nothing was noted to exacerbate her bladder infection rate. She stated she had symptoms all the time. It was noted that she had Prolift placed in 2007 and she developed a bladder infection. She continued to have bladder infections and was concerned that her mesh was infected. She recently had a bladder infection and passed clots. She was postmenopausal and denied symptoms of frequency, urgency and loss of urine with stress. She denied any symptoms of genital prolapse. She denied nocturia or wearing protective undergarments. Specific bowel habits were not noted. Fecal incontinence was denied. Use of laxatives, suppositories or enemas to facilitate bowel movements were denied. Her incontinence quality of life scale was: 44 (Range 24 - 98). Her activity quality of life scale was: 75 (Range 36 - 149). Higher numbers indicate decreasing quality of life. A review of systems included dysuria and hematuria. A urinalysis was negative. A post-void residual was 0 ml. On exam, estrogenation of the pelvis appeared to be adequate. Levator musculature was noted to be good. A grade 2 cystocele was appreciated. No mesh erosion was appreciated. A pelvic organ prolapse standing system was: Aa.: 0.0, Ba: 0.0, C: -5.5, genital hiatus: 5.0, perineal body: 4.0, vaginal length: 8.0, Ap: -2.0, Bp: -2.0, D: N/A. The impression was lateral cystocele, hematuria, incompetent or weakening of pubocervical tissue, Pelvic Organ Prolapse Quantification (POPQ) Stage II, and recurrent urinary tract infections. It was noted that she was having episodes of gross hematuria and recurrent UTIs, and with her history of mesh, Dr. Mattox was concerned about mesh erosion. The plan was a cystoscopy, which was performed on January 7, 2010. There were no lesions and no signs of any foreign body in the bladder. A urinalysis was negative.

She present for follow-up on April 8, 2010. It was noted that she had recently been treated for a UTI with Cipro and then her medicine was changed to Ceftin after a culture revealed E. coli resistant to Cipro. She complained of a persistent UTI. A urine dip was positive. The impression was lateral cystocele, hematuria, incompetent or weakening of pubocervical tissue, Pelvic Organ Prolapse Quantification (POPQ) Stage II, and recurrent urinary tract infections. Urine culture results dated April 10, 2010 showed E. coli, identified by an automated biochemical system, 25,000-50,000 colony forming units per ml, resistant to Cipro. Urelle and Macrobid were prescribed.

Ms. Anders presented for follow-up on May 24, 2010. She was having recurrent UTIs and was taking probiotics daily. Cipro and Macrobid were prescribed. Urine culture results showed E. coli, 50,000-100,000 colony forming units per ml. On May 27, 2010, she reported that she was not feeling much better.

She presented for follow-up on July 15, 2010. She was symptom free with the Macrobid suppression. The plan was Estrace cream, Macrobid and probiotics. She returned on September 23, 2010 and reported that she was better on this regimen. She was instructed to return in 6 months, which she did on March 24, 2010. The regimen remained the same.

A urinalysis dated August 17, 2011 showed: WBC: 1+, mucus threads: present, bacteria: Few.

Ms. Anders returned for follow-up on September 29, 2011 with complaints that she did not feel well and she thought that she may have a UTI. Her urine only showed blood, and this was not something new for her. She did not have general body aches, just pain in her lower abdomen. A urinalysis showed moderate blood. Urine culture results showed less than 10,000

colony forming units of bacteria per milliliter of urine. Macrodantin and Estrace prescriptions were refilled.

On February 13, 2012, she presented with pelvic pain since the mesh implant procedure. Urinalysis results were: Ketones: 3+, protein: 1+, blood: 1+. The assessment was pelvic floor device contributing to pelvic pain, and she was referred to Dr. Mattox.

She saw Dr. Mattox on February 16, 2012. She had been seeing blood in her urine and described her urine being dark at times. She noted some urethral irritation as well. She had some blood in her urine that day. She had been on Metformin and had noticed that her urine output was down. It was noted that she was being evaluated for Lupus. Her Pain and Urinary Frequency (PUF) score was 7. She was being evaluated for lupus. She had stopped the Metformin. A urinalysis showed trace blood and 70+ leukocytes. The plan was Estace, Macrobid and probiotics.

A urinalysis dated March 13, 2012 showed squamous epithelial cells: 10, hyaline cast: 6, bacteria: 1+, mucus: few.

On April 11, 2012, she presented with complaints of severe abdominal pain and pain worse through the back. The abdomen was tender to touch and swollen. The assessment was abdominal pain, severe, with pelvic floor device. A CT of the abdomen and pelvis was performed. The impression was:

- I do not appreciate any obvious interval change as compared to 11/11/2009 which would help explain symptoms of abdominal pain.
- Note is again made of a large hiatal hernia. There is a generous common bile duct but this is seen in the setting of cholecystectomy and so is of more questionable clinical significance
- Renal cysts are again noted. Mild colonic diverticulosis is again noted

Urine culture results dated April 12, 2012 showed mixed urogenital flora, less than 10,000 colonies/ml.

An EGD was performed on April 12, 2012 due to odynophagia, abdominal pain and pneumonia, and it was negative except for gastric fundic gland polyps and hiatal hernia with a foreshortened esophagus.

She was seen on April 30, 2012 for abdominal pain, gastric polyps, adrenal mass, hiatal hernia, and GERD.

On October 24, 2012, she was seen for dysuria. The diagnosis was UTI and Macrobid was prescribed.

On March 13, 2013, she presented with complaints of pelvic pain. She had done relatively well since the mesh implant surgery, but for the prior year, she had developed some lower abdominal pain that had not been explained. She stated that the pain had been intermittent, but it had become more frequent. It was very distressing to her. She was having some issues with fecal incontinence as well, that had started over the last year. She felt like she had bowel movement urgency and problems making it to the bathroom with solid stools. This was happening 1 to 2 times per day. She qualified the pain as a sharp, shooting pain. She could not pinpoint anything that alleviated it. She had also noticed some tingling in her large toes on both feet. She reported that she had a colonoscopy in the prior couple of years, which was within normal limits. She complained of some urinary frequency, as well as incontinence at night. Most of the time, she could not tell what makes her leak urine, but she was going through approximately 2 mm pads per day. She was not currently sexually active, due to fear that intercourse would disrupt the surgery that she had. She had no recurrence of prolapse symptoms and was overall very happy that she had her surgery done. On exam, there was some tenderness

in the left and right lower quadrants, as well as the suprapubic area. The vaginal mucosa revealed severe vaginal atrophy. A cough-stress test was negative. A POP-Q exam results were anterior a and b at 0, point C was -5, total vaginal length was 6, and posterior a and b are at -2.5. A urinalysis done was positive for 15 mg per 61 of ketones and trace protein. It was negative for blood, leukocytes and nitrites. The impression was vaginal atrophy, pelvic pain, cystocele and fecal incontinence. In regards to her vaginal atrophy, Dr. Mattox recommended treating this, as it could be part of the contributory factor to her pain, as well as her urinary frequency. He prescribed Premarin vaginal estrogen cream. He informed her that he could not blame all of her lower abdominal pain on the vaginal atrophy and that she still may need further evaluation. He referred her to pelvic floor physical therapy because of her issues with pelvic pain, as well as frequency and fecal incontinence. He discussed with her that there was a possibility that there was scar tissue surrounding the transvaginal mesh that was contributing to her symptoms. In regards to her recurrent cystocele, this was not bothersome to her and she was satisfied with the results that she had gotten from the surgery. Dr. Mattox discussed with her the possibility of having trigger-point injections done, but she declined this because of her diabetes

Ms. Anders underwent pelvic floor physical therapy from April 15, 2013 to June 3, 2013.

On June 5, 2013, she presented for follow-up for pelvic pain. She had discomfort in her right lower quadrant for the prior 3 years. It was noted that a computerized tomography scan done in April 2012 did not show any reason for her pain. She stated that she believe that the estrogen cream had helped her with her symptoms. She did not feel like the pelvic floor physical therapy did much to relieve her pain. She actually felt like it caused her more soreness. She felt like her right-sided pain was about the same as it was three months prior. She was tearful with frustration of having this discomfort for so long. Treatment options were discussed, including

surgical procedures where scar tissue and partial mesh excision could be done to see if releasing the mesh arms would improve her discomfort.

On August 7, 2013, she presented with complaints of urge incontinence. It was noted that she had pelvic pain for several years, but it seemed to be better and stabilized. In the prior three months, she had only had a couple of episodes of pain, but she described these episodes as severe pain. She believed they alternated between left and right. Her pain was not her main complaint. It was the fact that she had urge incontinence at night that had been getting worse. She had nocturia three to four times per night, and when she woke up in the middle of the night to urinate, she would not make it to the bathroom before she soaks herself. She felt like this was getting worse. She also complained of some voiding dysfunction during the day. She had urinary hesitancy and felt like her stream was slower than it should be. She believed that her diabetes was worse and felt that this may be a contributing factor to her urinary symptoms. It was noted that there was some recurrent prolapse in the anterior vaginal wall, but she did not feel like it bothered her enough for her to undergo surgery or a pessary trial at that time. The impression was pelvic pain, urinary urgency and voiding dysfunction, as well as vaginal atrophy. Premarin cream was prescribed.

On February 4, 2014, Ms. Anders was diagnosed with a UTI.

On February 18, 2014, she presented with continued episodes of pelvic pain, which was better than it was prior to the physical therapy. She pinpointed very specific activities, like lifting her grandson, that caused her to have right-sided pelvic pain for 1 to 2 days, which would spontaneously resolve on its own. She was bothered by this, but did not want any intervention at that time. She reported fecal incontinence that was not liquid stool, but urgency. The impression

was atrophic vaginitis, recurrent prolapse, and fecal incontinence. Premarin cream was prescribed.

On February 24, 2015, she presented for follow-up for pelvic pain and fecal incontinence. It was noted that she had problems with the Prolift since 2013 and had minimal improvement in her symptoms. She reported that she quit her job due to the fecal incontinence. She again pinpointed her vaginal pain to be directly related to picking up her grandchildren. She would have severe pelvic pain the following days. This last episode that she had was approximately 6 weeks prior and was the worst that she had had. The pain lasted for several days and she was quite miserable from the discomfort. As far as her fecal incontinence is concerned, she was having urgency and leakage of solid stools. She could not pinpoint anything that tended to cause her fecal incontinence, such as a particular food. This was happening 1 to 2 times per month. The possibility of having a transvaginal mesh release was discussed, but she had a lot going on with her family and wanted to put this off until later. For the fecal incontinence, InterStim was discussed. Regarding the vaginal atrophy, she felt that she had had some improvement with estrogen cream and wanted to stay on it. The impression was vaginal pain, pelvic pain and fecal incontinence.

On August 18, 2015, she was seen for follow-up for vaginitis and chronic pelvic pain that started after placement of the transvaginal mesh. She stated that she wanted to move forward with a surgical release of the mesh to see if she could get some relief. She continued to have pain, mostly on her right and with activity. She also reported fecal incontinence. Premarin cream was continued.

Ms. Anders presented for follow-up on February 16, 2016 for chronic pelvic pain, urinary urgency, and fecal incontinence. She reported that her conditions were the same since the past

visit, but she believed that the estrogen cream helped with her pain and was not interested in surgery for mesh release/removal.

On April 26, June 16, and July 19, 2016, she was seen for chest pain, and on June 13, 2016, she was seen for syncope and dizziness. She reported no urinary urgency, no dysuria and no change in the nature of her urine. She reported no change in menses, no dysmenorrheal, no vaginal discharge, and no pelvic pain.

She presented on September 1, 2016 for follow-up for chronic pelvic pain that started after the mesh implant procedure. She reported that estrogen cream seemed to help, but she continued to have discomfort in her right pelvic area that was worse with activity. She wanted to see if she was a candidate for surgery. She was referred to urogynecologist Thomas Wheeler, MD.

On October 24, 2016, she reported an episode of rectal bleeding, lower abdominal pain, and several episodes of bright red rectal blood mixed with mucus. This resolved on its own. She did have external hemorrhoids. It was noted that she had chronic pelvic pain following the mesh implant procedure.

Ms. Anders presented to Dr. Wheeler on November 3, 2016 for an opinion regarding ongoing chronic pelvic pain and right lower quadrant pain since placement of the mesh. It was noted that she had tried pelvic floor PT and estrogen cream without improvement. She described her pain as a constant dull ache in the deep right lower quadrant. She also described a tearing sensation followed by extreme soreness when exacerbated by any activity that required her to “use my abdominal muscles,” such as lifting her grandchildren, with the effect lasting for 2-3 days. She also reported one episode of intense suprapubic abdominal pain approximately 2 weeks prior followed by an episode of bright red rectal bleeding. She complained of urinary

urgency, frequency, enuresis, and fecal incontinence that did not improve with pelvic floor PT.

She was not sexually active. On exam, the vagina was moist and moderately rugated with no visible mesh. Bridging of the Prolift mesh was appreciated right anterior/apical with reproduction of her right lower quadrant abdominal pain – non-distractable. Tenderness was reproducible on the right anterior cephalad arm of the anterior mesh. The assessment was chronic pelvic pain related to mesh on tension. Ms. Anders was counseled that due to the reproducibility (and inability to distract her from) her pain with palpation of the mesh on tension, she is most likely having referred pain to her right lower quadrant as a result of the mesh. She was counseled on her option to proceed to the OR for revision of the mesh with an approximately 3-4 cm incision to release the tension of the mesh in that one area. After an informed consent discussion, the plan was to proceed with mesh revision and cystourethroscopy.

Ms. Anders was seen for a preoperative visit on November 17, 2016. A urinalysis was negative. The planned surgery was revision of right proximal Prolift arm and cystoscopy.

On November 22, 2016, Dr. Wheeler performed a mesh revision with release of right proximal anterior arm. The pre and postoperative diagnosis was vaginal pain at proximal right anterior Prolift arm with banding. Cystoscopy revealed no mesh in the bladder and bilateral efflux of dye. There were no complications.

On November 28, 2016, Ms. Anders reported via phone that she had some bleeding the day prior after doing some housework, but it had subsided. She also reported some bladder spasms and burning off and on with urination.

B. EXAMINATION

I conducted an examination of Ms. Anders on January 11, 2017. My record of that examination follows:

Ms. Anders is a 66 year old gravida 2 para 2. Her last period was at age 36 and was surgically induced. Her last pap was greater than 10 years ago. Her last mammogram was in 2016. She had a follow-up diagnostic mammogram but this did not show any significant pathology. She is allergic to Aspirin, Ibuprofen, Penicillin, Sulfa antibiotics, Flexeril and Ace inhibitors. Her medications include Spironolactone, Metoprolol, Omeprazole and Norvasc. Her medical problems include hypertension, diabetes and GERD. She has a history of lumbar radiculopathy which has since resolved and she has a history polycystic ovarian syndrome. Her surgical history is remarkable for gall bladder removal, hysterectomy, tonsils and adenoids removal, rotator cuff surgery, the Prolift surgery with a mid-urethral sling and a mesh revision surgery in 2016.

She has had 2 vaginal deliveries the largest being 9 lbs 9 ozs. Her menses began at age 13 and ceased at age 36 and was surgically. She denies a history of STD's. All of her paps have been normal. Her family history is remarkable for hypertension in her father, cardiovascular disease in her mother, prostate cancer in her father and breast cancer in her sister. She denies smoking or alcohol use.

Prior to her sling she was having severe pelvic organ prolapse. Her prolapse was completely through the vagina. She was uncomfortable from the prolapse and it was causing some pressure. The prolapse made it so that she could not urinate. She would need to lie down to reduce the prolapse in order to urinate. She had an occasional constipation. She does not recall leaking urine. She had no pelvic pain. She had an occasional urinary tract infection. She was not sexually active. She did note that she would develop ulcers on the prolapse.

After the mesh surgery she had a severe infection and was quite ill immediately after the procedure. She developed bladder and kidney infections where she would see blood and pus in her urine but she felt she could completely empty her bladder.

After the post operative period she kept getting urinary tract infections and was placed on prophylactic antibiotics and Premarin vaginal cream. She also began to leak urine and was having urinary frequency and urgency. She began to develop bladder spasms and pain in her pelvis particularly on the right side. It was so uncomfortable she thought she had appendicitis but she had no fever or other symptoms of appendicitis. She also occasionally lost control of her bowels. She was not sexually active during this time.

After her revision procedure she states that her pelvic pain is different but still present. It is a stabbing pain and does not last as long as prior to the revision surgery. Her bladder spasms have recurred recently as have the symptoms of a urinary tract infection. She still has some stress incontinence and frequency and urgency especially upon standing. She has some leakage with urge. She feels like she empties her bladder completely but does have dysuria, described as a burning sensation upon emptying.

On her exam she is 5' 6" tall and 198 lbs. Her blood pressure is 159 /93. Her pulse is 73. Her HEENT exam is normal. . Her sensorium is normal. Her body habitus is normal aside from her weight. Her back is non-tender to palpation. There is no CVA tenderness. Her abdomen she has an old cholecystectomy scar and a low Pfannenstiel scar; however, her abdomen is soft non-tender with no guarding or rebound. Her lower extremities are non-tender without edema. Her abductor and adductor muscles are of a normal strength and are non-tender. She does have a mild degree vulvo-vaginal atrophy. She has a stage I cystocele. Her supine stress test is negative. Her levators are mildly tender 2- 10 bilaterally. Her obturator internus muscles are non-tender. The

mid-urethral sling is palpable, but is non-tender. The apical arms of the Prolift are palpable as is the apical portion of the Prolift it is non-tender to palpation. The bi-manually exam shows the uterus and cervix are surgically absent. The adnexa are non-palpable.

C. OPINIONS

Based on my background, education, training, and experience, as well as the medical records and deposition testimony offered in this case, it is my opinion that Dr. Garris' care and treatment of Ms. Anders met the standard of care. The pre-operative evaluation of the patient met the standard of care. The mesh implant procedure was indicated due to Ms. Anders' pelvic organ prolapse and stress urinary incontinence and was performed within the standard of care with no evidence of surgeon error or deviation from the procedural steps. There was no evidence of any surgical complications, excess blood loss, excess surgical duration, or surgical site contamination in the records.

Similarly, it is my opinion that Dr. Wheeler's mesh revision procedure met the standard of care. The pre-operative evaluation of the patient met the standard of care. The mesh excision procedure was indicated due to vaginal pain at proximal right anterior Prolift arm with banding and was performed within the standard of care with no evidence of surgeon error or deviation from the procedural steps. There was no evidence of any surgical complications, excess blood loss, excess surgical duration, or surgical site contamination in the records.

Based upon my medical education, experience, my review of the currently available medical literature, Ms. Anders' medical records and my examination of her, I have formed opinions regarding Ms. Anders' current complications. In coming to those conclusions, a broad differential diagnosis was reviewed and considered her medical and surgical history, which includes: diabetes mellitus, type II, asthma, rheumatic fever, polycystic ovary syndrome, IBS

with adhesions that caused chronic right upper quadrant pain, left adrenal tumor, palpitations, chest pain, multiple lipomas, external hemorrhoids, abdominal pain, gastric polyps, adrenal mass, hiatal hernia, esophagitis, SUI, POP, fibroids, GERD, hypertension, hyperlipidemia, cystitis, urinary retention, hematuria, chronic UTIs, cystitis, leaking, frequency, urge incontinence, hesitancy, nocturia, pelvic pain, fecal incontinence, low back pain radiating to the left leg, right shoulder pain, knee pain, a tonsillectomy, right shoulder surgery, TAH, BSO, MMK, implantation of total Prolift and TVT-S, and a mesh revision procedure.

None of these factors increased the risk for developing her symptoms. The back, leg, shoulder, flank, and knee pain are in locations on Ms. Anders' body other than the pelvic floor. While she did complain of pelvic pain and lower quadrant pain in the 1990s, there is no indication that she had chronic pelvic or vaginal pain prior to the mesh implant procedure. In fact her hysterectomy would have solved any issues from fibroids, adenomyosis or endometriosis. The MMK procedure was performed with absorbable sutures. She did have polycystic ovary syndrome, but her ovaries have been removed. While she had undergone other pelvic surgeries, there was no excessive scarring noted at the time of the mesh implant procedure. While she complained of hesitancy prior to implant procedure, this was noted to be due to her prolapse. As stated, she did have a pre-implant history of cystitis, urinary retention and hematuria, but an IVP was normal. While she complained pre-implant of urinary urgency and frequency, these complaints were more severe and more frequent after the procedure. It appears that she had a UTI prior to the mesh implant procedure, but there is no indication that she had chronic, recurrent UTIs as she is suffering from currently. Her vaginal atrophy has improved with estrogen cream.

I have come to the following conclusions regarding Ms. Anders' conditions to a reasonable degree of medical certainty:

1. As a result of the implantation of the transvaginal mesh products, including the mesh characteristics discussed below, and the subsequent reactions and surgical revisions, Ms. Anders has sustained the following injuries, which are most likely permanent in nature: mesh contraction placing the mesh under tension and deformation with bridging and scarring due to CFBR and chronic inflammation, cystitis, urinary retention, hematuria, dysuria, leaking, frequency, urge incontinence, urgency, hesitancy, chronic UTIs, yeast infection ranging over the labia, chronic pelvic pain, vaginal pain, mesh bridging, urethral irritation, pelvic hematoma, fecal incontinence, and the need for a mesh revision procedure.

2. It is my opinion, to a reasonable degree of medical and scientific certainty, that the debilitating injuries suffered by Ms. Anders, which are listed above, were directly caused by the transvaginal mesh devices, including the following polypropylene mesh characteristics: (a) degradation of the mesh; (b) chronic inflammation and chronic foreign body reaction; (c) mesh that was never meant to be implanted inside the human body and is incompatible with the naturally occurring condition of the vagina including peroxides and bacteria; (d) deformation, rigidity, fraying, roping, cording and curling of the mesh; (e) loss of pore size with tension; (f) fibrotic bridging leading to scar plate formation and mesh encapsulation; (g) shrinkage/contraction of the encapsulated mesh; and (h) the difficulty and/or impossibility of removing the devices.

3. To a reasonable degree of medical certainty, contraction, shrinkage, deformation, degradation, and rigidity of the TVT-S and total Prolift, the materials used to manufacture the

TVT-S and total Prolift, and the design of the TVT-S and total Prolift, or a combination of these factors, caused Ms. Anders' injuries, as listed above.

Based upon my medical education, experience, my review of the currently available medical literature, Ms. Anders' medical records and my examination of her, I have come to the following conclusions regarding Ms. Anders' prognosis and chance for recovery to a reasonable degree of medical certainty:

1. Chronic Pelvic Pain: Prognosis is poor. It is highly unlikely, even with aggressive physical therapy, biofeedback, medication use and/or surgical intervention, for Ms. Anders to have complete resolution of her chronic pelvic pain.

2. Urinary Dysfunction (cystitis, urinary retention, hematuria, dysuria, leaking, frequency, urge incontinence, urgency, hesitancy): Prognosis is poor. It is highly unlikely, even with aggressive physical therapy, biofeedback, medication use and/or surgical intervention, for Ms. Anders to have complete resolution of the urinary dysfunction.

3. Chronic Urinary Tract Infections: Prognosis is poor. It is highly unlikely, even with aggressive physical therapy, biofeedback, medication use and/or surgical intervention, for Ms. Anders to have complete resolution of the chronic urinary tract infections.

4. Fecal Incontinence: Prognosis is poor. It is highly unlikely, even with aggressive physical therapy, biofeedback medication use and/or surgical intervention, for Ms. Anders to have complete resolution of her fecal incontinence.

Based upon my review of Ms. Anders' medical records, my experience and education, and review of the available medical literature, I currently hold the following opinions to a reasonable degree of medical certainty:

1. Ms. Anders was not able to make a fully informed medical decision regarding the implantation of the TVT-S and Prolift mesh because Ethicon failed to fully disclose the risks and complications (both early and late) in the TVT-S and Prolift Instructions for Use. As discussed above, and elsewhere in this report, Ms. Anders did not receive information about the above risks because Ethicon did not disclose them fully in its IFUs, and surgeons, including the implanting surgeon in Ms. Anders' case, were not made aware of them. This is true despite information readily available to Ethicon about these risks, which predate the launch of the device. Because of this, Ms. Anders' implanting surgeon could not pass this information on to her and properly consent her about the risks associated with the TVT-S and Prolift devices. Ms. Anders was unable to make a fully informed decision about having the devices implanted. As a result, to a reasonable degree of medical certainty, Ms. Anders suffered injuries that were not disclosed by Ethicon, and the inadequate disclosure of these risks was a substantial factor and/or cause of Ms. Anders' injuries.

2. Ms. Anders' implanting surgeon was not able to provide the necessary and required information to Ms. Anders for an informed consent because Ethicon failed to fully reveal such information and failed to fully evaluate said information prior to launch.

3. Ms. Anders has developed complications, as described above, as a result of the TVT-S and Prolift being implanted in her body, causing chronic inflammation, foreign body reaction, scarring, contraction, shrinkage, deformation and degradation of the mesh due to the defects of the mesh described above and throughout this report.

4. As a result of these complications from the TVT-S and Prolift devices, Ms. Anders has suffered damages and will continue to suffer future damages.

5. These complications have caused a significant impact on Ms. Anders' quality of life. Currently, Ms. Anders has been forced to reduce and/or alter her activities due to her injuries, as set forth above.

Safer alternative designs, rather than the TVT-S and Prolift polypropylene mesh products, existed for this patient. I have experience with many of these safer alternative designs, and based on my experience and review of medical literature and other materials, it is my opinion that these alternative designs were safer and feasible for Ms. Anders. These safer alternative designs include:

- (1) the use of sutures, including delayed absorbable sutures like PDS, in a colposuspension procedure, like the Burch; a uterosacral ligament suspension and a sacrospinous fixation; an anterior and posterior colporrhaphy; a sacrocolpopexy and a sacrohysteropexy;
- (2) autologous fascia lata and an autologous fascia sling;
- (3) an allograft sling such as Repliform; and
- (4) a sling with less polypropylene such as Ultrapro.

These safer alternative designs would have significantly reduced the risk of the injuries to Ms. Anders, as I have described in my report, that were a result of the specific design flaws of the TVT-S and total Prolift, including banding, scarring, cording, scar plate, chronic inflammation, chronic foreign body reaction, dense, heavy, and frayed, rough edges. If any of these safer alternative designs been used for Ms. Anders, she would not have suffered the injuries I set forth in my report, as her injuries were caused by the specific design flaws of the TVT-S and total Prolift discussed above.

Finally, I have reviewed Ms. Anders' medical bills as set forth in my reliance list. I feel that they were reasonable and necessary charges to treat the complications and injuries that, to a reasonable degree of medical certainty, were caused by the TVT-S and Prolift devices, as discussed above.

VI. CONCLUSION

All opinions I have are to a reasonable degree of medical certainty. I understand discovery is still ongoing in this case and I reserve my right to amend my opinions if further information is provided in any form including, but not limited to, the depositions of the implanting and explanting surgeons, corporate documents, depositions and expert reports of both Plaintiff and Defense experts.

Signed this 15th day of January, 2017.

A handwritten signature in black ink, appearing to read "Bruce Rosenzweig, M.D." The signature is fluid and cursive, with a large, stylized "B" and "R". A small "X" is written to the left of the signature line.

Bruce Rosenzweig M.D.

Exhibit A

Bruce A. Rosenzweig, MD

CURRICULUM VITAE

NAME: **Bruce A. Rosenzweig, M.D.**

ADDRESS: 175 East Delaware Suite 8909
Chicago, Illinois 60611

DATE OF BIRTH: November 16, 1957

PLACE OF BIRTH: New York City, New York

MARITAL STATUS: Married

EDUCATION: **Fellowship**

1989 - 1991
Urologic Gynecology and Urodynamics
Harbor/UCLA Medical Center
Department of Obstetrics and Gynecology
Torrance, California

1988 - 1989
Pelvic Surgery
State University of New York
Department of Obstetrics and Gynecology
Syracuse, New York

Residency

1984 - 1988
Obstetrics and Gynecology
Michael Reese Hospital and Medical Center
Department of Obstetrics and Gynecology
Chicago, Illinois

1987 - 1988
Administrative Chief Resident

Graduate

1980 - 1984
University of Michigan Medical School
Ann Arbor, Michigan
1980 - 1984
Academic Tuition Scholarship
University of Michigan Medical School

Undergraduate

1976 - 1980
University of Michigan
Ann Arbor, Michigan - BS in Zoology
1976
University of Michigan Alumni Scholarship,
Illinois Chapter
1976
Bronsted Freshman Prize

Bruce A. Rosenzweig, MD

POSITIONS/APPOINTMENTS:

2011- 2012	Associate Chair Weiss Memorial Hospital Department of Gynecology Chicago, Illinois
2003- 2010	Attending Physician John H. Stroger Jr. Hospital Department of Obstetrics and Gynecology Chicago, Illinois
2002 - Present	Attending Physician Department of Obstetrics and Gynecology Rush Presbyterian St. Luke Hospital Chicago, Illinois
2002 - Present	Assistant Professor Rush Medical College Chicago, Illinois
1997 - 2005	Attending Physician Department Obstetrics and Gynecology Mercy Hospital and Medical Center Head Urogynecology Chicago, Illinois
1995 - 1998	Attending Physician Department of Women's Health Department of Veterans Affairs Westside Veterans Hospital Chicago, Illinois
1994 - 1998	Associate Professor Department of Obstetrics and Gynecology and Department of Urology University of Illinois, College of Medicine Chicago, Illinois
1992 - 1994	Assistant Professor Department of Urology University of Illinois, College of Medicine Chicago, Illinois
1991 - 1998	Associate Residency Program Director Department of Obstetrics and Gynecology University of Illinois, College of Medicine Chicago, Illinois
1991 - 1998	Head of Gynecologic Urology Department of Obstetrics and Gynecology University of Illinois, College of Medicine Chicago, Illinois
1991 - 1998	Attending Physician Department of Obstetrics and Gynecology Michael Reese Hospital and Medical Center Chicago, Illinois

Bruce A. Rosenzweig, MD

POSITIONS/APPOINTMENTS (Cont):

1991 - 1994	Assistant Professor Department of Obstetrics and Gynecology University of Illinois, College of Medicine Chicago, Illinois
1990 - 1991	Clinical Instructor Department of Obstetrics and Gynecology UCLA School of Medicine Los Angeles, California
1989 - 1991	Attending Physician Department of Obstetrics and Gynecology Harbor/UCLA Medical Center Torrance, California
1988 - 1989	Clinical Instructor Department of Obstetrics and Gynecology State University of New York Health Science Center Syracuse, New York
1988 - 1989	Attending Physician Department of Obstetrics and Gynecology Crouse-Irving Memorial Hospital Syracuse, New York

PROFESSIONAL SPORTS TEAM PHYSICIAN

2011- Present	Chicago Sky Women's Basketball Team
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LICENSURE:

1984	State of Illinois, #036-071719
1988	State of New York, #175147 (inactive)
1989	State of California, #G065470 (inactive)
1985	State of Illinois Controlled Substance, #003-136655
1985	DEA #BR0291815

SPECIALTY BOARDS:

1985	Diplomate of National Board of Medical Examiner
1991	Diplomate of American Board of Obstetrics and Gynecology (Recertified 2005)

JOURNAL EDITORIAL BOARD:

JOURNAL OF GYNECOLOGIC SURGERY
JOURNAL REVIEWER AND CONSULTANT

OBSTETRICS AND GYNECOLOGY

JOURNAL OF GYNECOLOGIC SURGERY

SURGERY GYNECOLOGY AND OBSTETRICS
ABSTRACTOR: International Abstracts of Surgery;

INTERNATIONAL UROGYNECOLOGY JOURNAL

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JOURNAL EDITORIAL BOARD (Cont):

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
CONSULTANT: Diagnostic and Therapeutic Technology
Assessment (DATTA),

AMERICAN JOURNAL OF OBSTETRICS AND GYNECOLOGY

PSYCHOSOMATIC MEDICINE

SOUTHERN MEDICAL JOURNAL

JOURNAL OF HOSPITAL MEDICINE

INTERNATIONAL JOURNAL OF OBSTETRICS AND GYNECOLOGY

TEACHING AWARDS:

1997	CREOG National Faculty Resident Teaching Award
1993	APGO Excellence in Undergraduate Medical Education Award

MEDICAL ADVISORY BOARDS:

1993 - 1995	EMPI, Inc. St. Paul, Minnesota
1997 - 1999	EmpowerMed Yardley, Pennsylvania
2001 – 2003	Medcases Philadelphia, Pennsylvania

MEMBERSHIP ACTIVITIES AND COMMITTEES:

Michael Reese Hospital and Medical Center

1987 - 1988	Chief Resident's Council
1987 - 1988	Residency Evaluation Committee
1988	Hospital Utilization Review Committee

Harbor-UCLA Medical Center

1989 - 1991	Surgical Case Review Committee.
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University of Illinois at Chicago, College of Medicine

1991 - 1993	Committee on Hospital Infections
1991 - 1997	OB/GYN Department Quality Assurance Committee
1991 - 1993	Medical Staff Quality Assurance Committee
1993	Ad Hoc Pap Smear Task Force
1993	Ad Hoc Committee to Review the 5 Year Deceleration
	Medical Student Program
1995 - 1997	Medical Records Committee
1996 - 1997	Generalist Curriculum Subcommittee
1997	Committee to Review the Performance of the Head of the
	Department of Urology

Bruce A. Rosenzweig, MD

GRANTS AND CONTRACTS:

1989 - 1990	#PQ 1402-02B Investigator "A Randomized, Controlled, Comparative Clinical Trial of Thiamphenicol Glycinate/Thiamphenicol Versus Cefoxitin/Doxycycline in the Treatment of Pelvic Inflammatory Disease." Sponsor: <i>Pharmaquest Corporation</i>
1989 - 1991	#35614-87 Investigator "A Randomized, Open-Label, Comparative, Multicenter, Safety, Tolerance and Efficacy Study of Parenteral Pip eracil I in/Tazobactam (CL 298.741) versus Clindamycin Plus Gentamicin in the Treatment of Hospitalized Patients with Gynecologic Infections." Sponsor: <i>American Cyanamid</i>
1990 - 1991	#MDS 401-US Investigator "Micturin versus Placebo in the Treatment of Urge Incontinence in Females." Sponsor: <i>Forest Laboratories</i>
1992 - 1993	#C91-002 Principal Investigator "A Six Month Evaluation of Efficacy, Safety and Tolerance of the Lea's Shield. A Vaginal Barrier Contraceptive Device." Sponsor: <i>Contraceptive Research and Development Program</i>
1995 - 1997	#1393-027Principal Investigator "Phase II Safety and Efficacy Study of Fem Cap Used With and Without Spermicide." Sponsor: <i>Contraceptive Research and Development Program</i>

INVENTIONS AND PATENTS:

1. Double Lumen Amnioinfusion Catheter. U.S. Patent Number 4,722,730, February 2, 1998. "Amcath". Manufactured by Gish Biomedical, Santa Ana, California.
2. "Meconium Aspirator Set." Manufactured by Gish Biomedical, Santa Ana, California.

VIDEO PRESENTATIONS:

Freedman A, Rosenzweig B, Maurice J., An Interesting Presentation of Failed Medical Termination with Hysteroscopic Resection of Retained Products of Conception. 41st Global Congress of minimally Invasive Gynecology Las Vegas, Nevada November 2012

MULTIMEDIA

FILM

1. *Design*. Feature Film. Premiere Sundance Film Festival January 2002.Co-Producer.
2. *Kwik-Stop*. Feature Film. Premiere Los Angeles Film Festival April 2001. Actor.
3. *The 95th*. Documentary. Premiere Maryland Film Festival May 2002. Co-Producer.
4. *Independent films and filmmakers*. Short Documentary. 1998. Producer, Director.

COMPUTER INTERACTIVE TEACHING PROGRAMS

Urogynecology: Evaluation and Treatment of Urinary Incontinence. CD Rom; Produced by Interactive Medical Review, Philadelphia, Pennsylvania, 1994.

MULTIMEDIA (Cont):

Bruce A. Rosenzweig, MD

STREAMING MEDIA

1. Live Webcast of the First Streaming Media Conference. 1998. Producer, Director.

INDUSTRIAL VIDEO

1. *A Day at the Office*. WellSpring Management Group, Bethany, Connecticut. 1998. Producer, Director.
2. *Point of View Skiing*. American Ski Corporation, Sugarbush, Vermont. 1998. Producer.
3. *Promotional Video*. IMET Corporation, Philadelphia, Pennsylvania. 1999. Producer, Director.

PRESENTATIONS AND INVITED LECTURES:

Michael Reese Hospital and Medical Center

1. "A Prospective Randomized Study Comparing Nipple Stimulation and Exogenous Oxytocin Contraction Stress Tests." Presented at the First Annual Resident Research Conference, Michael Reese Hospital and Medical Center, Chicago, Illinois. June 11, 1987.

2. "Postpartum Uterine Inversion." Grand Rounds, Michael Reese Hospital and Medical Center, Chicago, Illinois. September 10, 1987.

3. Faculty Member: Basic and Advanced Laser Surgery, Hysteroscopy, Colposcopy, and Operative Laparoscopy, A "Hands-On" Course and Seminar, Washington, DC. January 25-28, 1989.

4. "Tubo-ovarian Abscess: Medical versus Surgical- Management." Grand Rounds, University of Nairobi, Nairobi, Kenya. March 2, 1989.

5. "HPV DNA and Squamous Atypia." Presented at the Tenth Annual Scientific Congress and Advanced Postgraduate Laser Course of the Gynecologic Laser Society, Orlando, Florida. March 31, 1989.

6. "Postpartum Uterine Inversion: Diagnosis and Management." Grand Rounds, SUNY-HSC, Syracuse, New York. March 17, 1989

7. Faculty Member: Basic and Advanced Laser Surgery: A Complete 5-Day "Hands-On" Course and Seminar, Virginia Beach, Virginia. July 24-28, 1989.

8. "HPV: The Disease of the 80's." Presented at the Los Angeles Regional Family Planning Council Family Planning Symposium, Torrance, California. January 20, 1990.

9. Faculty Member: Basic and Advanced Laser Surgery, Diagnostic and Operative Hysteroscopy, Advanced Colposcopy, Laser Laparoscopy, and Pelviscopy, A "Hands-On" Course and Seminar, Washington, DC. January 24-27, 1990.

10. "Office of Evaluation of Urinary Incontinence." Luncheon Conference at the Thirty-Eighth Annual Meeting of the American College of Obstetricians and Gynecologists, San Francisco, California. May 8, 1990.

11. Faculty Member: Basic and Advanced Laser Surgery, Diagnostic and Operative Hysteroscopy, Advanced Colposcopy, Laser Laparoscopy, Pelviscopy. A complete 5-Day "Hands-On" Course and Seminar, Palm Beach, Florida. July 23-27, 1990.

12. "Lasers in Gynecology." Grand Rounds, Martin Luther King, Jr./Drew Medical Center, Los Angeles, California. September 27, 1990.

13. "Urinary Incontinence and Genital Prolapse." Grand Rounds, HarborUCLA Medical Center, Torrance, California. October 15, 1990.

Bruce A. Rosenzweig, MD

PRESENTATIONS AND INVITED LECTURES (Cont):

14. Course Director: Contraceptive Technology: Symposium on Managing the IUD Patient. Planned Parenthood of San Diego and Riverside Counties, San Diego, California. October 27, 1990.
15. "Lasers in Urogynecology." Grand Rounds, Martin Luther King, Jr./Drew Medical Center, Los Angeles, California. November 8, 1990.
16. Course Director: Contraception in the 90's, Managing the IUD Patient. Oklahoma State Department of Health Maternal and Child Health Services, Oklahoma City, Oklahoma. March 1, 1991.
17. "Office Evaluation of Urinary Incontinence." Grand Rounds, Michael Reese Hospital and Medical Center, Chicago, Illinois. April 4, 1991.
18. Urinary Incontinence and Genital Prolapse. " Grand Rounds, University of Illinois at Chicago, College of Medicine, Chicago, Illinois. April 8, 1991.
19. "Urinary Incontinence." Women's Healthcare Center, Torrance, California. April 25, 1991.
20. "Evaluation and Management of Urinary Incontinence." South Bay Perinatal Access Project, San Pedro, California. May 3, 1991.
21. "Office Evaluation of Incontinent Women." Luncheon Conference at the Thirty-Ninth Annual Meeting of the American College of Obstetricians and Gynecologists, New Orleans, Louisiana. May 7, 1991.
22. "Surgical Choices for Incontinence." Luncheon Conference at the Thirty-Ninth Annual Meeting of American College of Obstetricians and Gynecologists, New Orleans, Louisiana. May 8, 1991.
23. AUGS Special Interest Session: "Gynecological Urology: Case Management in Urogynecology. At the Thirty-Ninth Annual Meeting of the American College of Obstetricians and Gynecologists, New Orleans, Louisiana. May 8, 1991.
24. "Vulvar and Vaginal Diseases." Colposcopy Training Course, Torrance, California. May 30, 1991.
25. "Managing the IUD Patient." Grand Rounds, Glendale Adventist Hospital, Glendale, California. June 10, 1991.
26. Course Director: Managing the IUD Patient. Arizona Family Planning Council, Phoenix, Arizona. June 15, 1991.
27. "Basic Urogynecologic Instrumentation; Proper Evaluation and Differential Diagnosis of Stress Urinary Incontinence." Gynecologic and Endoscopic Surgery. A Complete 5-Day "Hands-On" Course and Seminar, Palm Beach, Florida. July 22, 1991.
28. "Evaluation and Management of Urinary Incontinence." At the Fourth Annual National Association of Womens' Health Professional Conference, Chicago, Illinois. October 17, 1991.
29. Course Coordinator: Advanced Diagnostic and Therapeutic Techniques in Obstetrics and Gynecology: A Hands-On Seminar. "Evaluation of the Incontinent Patient; IUD Update; Nonsurgical Management of the Incontinence." Advanced Diagnostic and Therapeutic Techniques in Obstetrics and Gynecology, Snowbird, Utah. March 11-14, 1992.
30. "Managing the IUD Patient." Grand Rounds, Jackson Park Hospital, Chicago, Illinois. March 19, 1992.

Bruce A. Rosenzweig, MD

PRESENTATIONS AND INVITED LECTURES (Cont):

31. "Evaluation and Nonsurgical Management of the Incontinent Patient." Grand Rounds, Jackson Park Hospital, Chicago, Illinois. April 2 & 19, 1992.
32. "Nonsurgical Management of Urinary Incontinence." Grand Rounds, and "Evaluation of the Incontinence Patient." Visiting Professor Lecture, Albert Einstein Hospital, Philadelphia, Pennsylvania. April 6, 1992.
33. "Nonsurgical Management of Urinary Incontinence." Grand Rounds, Michael Reese Hospital, Chicago, Illinois. April 7, 1992.
34. "Surgery in the Elderly. Female Urinary Incontinence: A Gynecologists Point of View." At the United States Section of the International College of Surgeons, Chicago, Illinois. April 10, 1992.
35. "Managing the IUD Patient." American College of -Nurse Midwives. Illinois Chapter Meeting. University of Illinois, College of Nursing, Chicago, Illinois. April 13, 1992.
36. "Contraceptive Choices in the 1990's." Postgraduate Course at the Annual Clinical Meeting of the American College of Obstetricians and Gynecologists, Las Vegas, Nevada. April 28-29, 1992.
37. "IUD and Contraception." Grand Rounds, Mount Sinai Hospital and Medical Center, Chicago, Illinois. May 6, 1992.
38. "Genital Prolapse and Lower Urinary Tract Dysfunction." Grand Rounds, Cook County Hospital, Chicago, Illinois. May 11, 1992.
39. "Managing the IUD Patient." Grand Rounds, Ravenswood Hospital, Chicago, Illinois. May 21, 1992.
40. "Nonsurgical Management of Urinary Incontinence. Grand Rounds, Humana Hospital/Michael Reese and Medical Center, Chicago, Illinois. June 4, 1992.
41. "Urinary Dysfunction." Obstetrics and Gynecology Review Course, Chicago, Illinois. June 5, 1992.
42. "Surgical Management Stress Incontinence of Urine; Management of Operative Complications; Comparison of Techniques for Management of CIN. Advanced Gynecologic Surgery: A Complete 5-Day "Hands-On" Course and Seminar, Palm Beach, Florida. July 20-22, 1992.
43. "Nonsurgical Management of Urinary Incontinence." Grand Rounds, Cook County Hospital, Chicago, Illinois. July 27, 1992.
44. "Nonsurgical Approach to Female Incontinence." Grand Rounds, Alexian Brothers Medical Center, Elk Grove Village, Illinois. September 3, 1992.
45. Course Director: Update on Urogynecology. "Evaluation of the Incontinent Patient; Nonsurgical Management of Stress Urinary Incontinence." Update on Urogynecology, Philadelphia, Pennsylvania. September 21, 1992.
46. "Urinary Incontinence: It Doesn't Have to be Part of a Woman's Everyday Life." Virginia Baptist Hospital, Lynchburg, Virginia. October 13, 1992.
47. "Managing the IUD Patient. Grand Rounds, Hershey Medical Center, Hershey, Pennsylvania. October 21, 1992.
48. "Nonsurgical Management of Urinary Incontinence." Grand Rounds, University of Illinois at Champaign, Champaign, Illinois. October 28, 1992.

Bruce A. Rosenzweig, MD

PRESENTATIONS AND INVITED LECTURES (Cont):

49. "Evaluation and Management of Urologic Problems in Women." Gynecological Update 1991, La Mesa, California. October 31, 1992.
50. "IUD Insertion/Removal and Model Practicum. At the Annual Family Planning, Obstetrics and Gynecology Update for Florida Nurse Practitioners, Orlando, Florida. November 5, 1992.
- 51, "IUD's Revisited." At the Statewide Clinician's Meeting, Planned Parenthood Wisconsin, Milwaukee, Wisconsin. November 13, 1992.
52. "The Nonsurgical Management of Stress Urinary Incontinence." Grand Rounds, University Hospital of Cleveland, Cleveland, Ohio. November 18, 1992.
53. "The IUD: A Second Look." A Contraceptive Symposium and Practicum. San Bernadino County Department of Public Health. Womens' Health Section, San Bernadino, California. November 20, 1992.
54. "Managing the IUD Patient." Grand Rounds, Department of Family Practice, University of Illinois, Chicago, Illinois. December 2, 1992.
55. "Managing the IUD Patient." Grand Rounds, West Pennsylvania Hospital, Pittsburgh, Pennsylvania. January 12, 1993.
56. "Repair of Pelvic Floor Dysfunction; Voiding Disorders and How to Manage Them." Advanced Gynecologic Surgery, Washington, D.C. January 27, 1993.
57. Course Director: Controversies in Gynecology. "Nonsurgical Management of Stress Urinary Incontinence; Genital Prolapse and Lower Urinary Tract Dysfunction Controversies in Gynecology, St. Petersburg, Florida. February 11-12, 1993.
58. "Genital Prolapse and Lower Urinary Tract Dysfunction." Grand Rounds, Saginaw General Hospital, Saginaw, Michigan. February 15, 1993.
59. "Managing the IUD Patient." Oklahoma State Department of Health Practitioners Annual Meeting, Oklahoma City, Oklahoma. March 11, 1993.
60. Course Director: Advanced Diagnostic and Therapeutic Techniques in Obstetrics and Gynecology. "Genital Prolapse and Lower Urinary Tract Dysfunction; Physiotherapy in the Treatment of Lower Urinary Tract Dysfunction; Surgical Management of Stress Urinary Incontinence; The Role of IUD's in Contraception." Beaver Creek Colorado. March 17-20, 1993.
61. "Managing the IUD Patient." Grand Rounds, Waukesha Memorial Hospital, Waukesha, Wisconsin. March 23, 1993.
62. "Genital Prolapse and Lower Urinary Tract Dysfunction." Grand Rounds, Evanston Hospital, Evanston, Illinois. March 25, 1993.
63. "Evaluation of the Incontinent Patient." Grand Rounds, West Pennsylvania Hospital, Pittsburgh, Pennsylvania. March 29, 1993.
64. "Managing the IUD Patient." Grand Rounds, Forbes Metro Hospital, Pittsburgh, Pennsylvania. March 30, 1993.
65. "Incontinence Differential Diagnosis, History and Physical Exam; Pelvic Floor Neurology for the Gynecologist: EMG and Pudendal Conduction Latency; Other Cause of Incontinence." At Urogynecology 1993 State of the Art, Frisco, Colorado. April 2-3, 1992.

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PRESENTATIONS AND INVITED LECTURES (Cont):

66. "Intrauterine Device: Insertion and Management." Sixteenth Annual Seminar in Womens' Health Care, Dallas, Texas. April 16, 1993.
67. "Contraceptive Choices for the 1990's and Beyond." The Annual Clinical Meeting of the American College of Obstetricians and Gynecologists, Washington, D.C. May 4-5, 1993.
68. "Managing the IUD Patient." Grand Rounds, La Grange Hospital, La Grange, Illinois. May 17, 1993.
69. "Evaluation and Management of Urinary Incontinence." Grand Rounds, Mount Sinai Hospital, Miami, Florida. May 25, 1993.
70. "Contraceptive Update." At the Tenth Annual Medical Update, Pittsburgh, Pennsylvania. June 2, 1993.
71. "Treatment of Urinary Incontinence." Obstetrics and Gynecology Review Course, Chicago, Illinois. June 10, 1993.
72. "Open Urinary Stress Incontinence Procedures." St. Louis, Missouri. June 16, 1993.
73. "Nonsurgical Management of Urinary Incontinence." Grand Rounds, Baylor College of Medicine, Houston, Texas. June 30, 1993.
74. "Urodynamic Testing; Nonsurgical Management of Urinary Incontinence; Bladder Injury: How to Avoid, How to Manage." At Principles of Advanced Conventional and Endoscopic Surgery, Palm Beach, Florida. July 26, 1993.
75. "Evaluation, Diagnosis and Management of Urinary Stress Incontinence." The Gynecologic Surgical Techniques, Chicago, Illinois. August 19, 1993.
76. "Pelvic Anatomy and Placement of Sutures for Paravaginal Repair and Correction of Stress Incontinence." Demonstrated Using Human Cadaver, Chicago, Illinois. August 20, 1993.
77. Course Director: Practical Urogynecology. "Behavioral Management of Incontinence; Painful Voiding Syndrome; Behavioral and Physical Therapy for Urinary Incontinence." Cleveland, Ohio. August 27-38, 1993.
78. "Evaluation of the Incontinent Patient." Resident Lecture, East Carolina University, Greenville, North Carolina. September 22, 1993.
79. "Non-Hormonal Contraception." Grand Rounds, East Carolina University, Greenville, North Carolina, September 22, 1993.
80. "Gynecologic Disorders; Pregnancy Changes and General Surgical Problems During Pregnancy." Specialty Review in Surgical Critical Care, Chicago, Illinois, October 4, 1993.
81. "Managing the IUD Patient." Grand Rounds, George Baptist Medical Center, Atlanta, Georgia, October 12, 1993.
82. "Managing the IUD Patient." Grand Rounds, Reading, Pennsylvania. October 19, 1993.
83. "IUD Update: Clinical and Demographics Issues." Grand Rounds, Ohio State University, Columbus, Ohio. November 4, 1993.
84. "Update on Amnioinfusion." Grand Rounds, St. Francis Hospital, Blue Island, Illinois. November 16, 1993.
85. "Management of Urinary Stress Incontinence." St. Michael's Hospital, Toronto, Ontario, Canada. December 6, 1993.
86. "IUD Update: Clinical and Demographic Issues." Grand Rounds, Jackson Memorial

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Hospital, Miami, Florida. January 12, 1994.

PRESENTATIONS AND INVITED LECTURES (Cont):

87. "Urogynecology: Differential Diagnosis and Evaluation of Female Incontinence; Surgical Therapies for Stress Incontinence; Diagnosis and Treatment of Detrusor Instability; Diagnosis and Surgical Therapies for Stress Incontinence, Gynecologist." At Frontiers in Gynecology, Steamboat Springs, Colorado. January 25-26, 1994.
88. "Genital Prolapse and Lower Urinary Tract Dysfunction." At the Fifth Annual Midwest Clinical Conference, Chicago Medical Society, Chicago, Illinois. February 11, 1994.
89. "Bacterial Vaginosis." Grand Rounds, Chicago Osteopathic Hospital, Chicago, Illinois. February 17, 1994.
90. "Gynecologic Problems in Surgery." At the Specialty Review in General Surgery, Chicago, Illinois. February 18, 1994.
91. "Female Urinary Incontinence: Anatomy Physiology, Definitions; Diagnosis and Management of Detrusor Instability; Painful Bladder Syndromes: Interstitial Cystitis, Urethral Syndrome, etc.; Diagnosis and Treatment of Pelvic Floor Disorders; Cystourethroscopy: Instrumentation and Technique; Ureteral Catherization - Indications, Risks, Benefits." At Modern Menopause and Urogynecology, San Francisco, California. March 11-13, 1994.
92. "Nonsurgical Management of Urinary Incontinence." Grand Rounds, Kaiser Bellflower, Bellflower, California. March 29, 1994.
93. "Female Urinary Incontinence: Anatomy, Physiology, Definitions; Office Evaluation and Advanced Urodynamic Testing; Diagnosis and Management of Detrusor Instability; Painful Bladder Syndromes: Interstitial Cystitis, Urethral Syndrome, etc., Nonsurgical Therapies for Stress Incontinence; Cystourethroscopy: Instrumentation and Technique; Ureter Catherization Indications, Risks, Benefits." At the Advanced Gynecologic Endoscopy with Urogynecology, Palm Springs, California. April 9-10, 1994.
94. "Intrauterine Device: Insertion and Management" at the 17th Annual Seminar in Womens' Health Care. Dallas, Texas. April 15, 1994.
95. "Surgical Management of Stress Urinary Incontinence." Grand Rounds, University of Illinois, Champaign, Illinois. April 15, 1994.
96. "Anatomy of Pelvic Floor Supporting System; Rational Anatomical Approach to Pelvic Floor Defects." At Advanced Laparoscopic Techniques, Chicago, Illinois. April 21, 1994.
97. "Managing the IUD Patient." Grand Rounds, University of Wisconsin, Milwaukee, Wisconsin. April 27, 1994.
98. "Contraceptive Choices." At the Annual Clinical Meeting of the American College of Obstetricians and Gynecologists. Orlando, Florida. May 10-11, 1994.
99. "Update on the IUD: New Friend or Old Danger." Grand Rounds, Harbor-UCLA Medical Center, Torrance, California. May 23, 1994.
100. "Contraception." At the Specialty Review in Obstetrics and Gynecology, Chicago, Illinois. May 24, 1994.
101. "Problem Management: IUD's. At the Twenty-Second Annual Conference for Nurse Practitioners in Reproductive Healthcare. Milwaukee, Wisconsin. June 10, 1994.
102. "Pelvic Floor Disorder." At the Obstetrics and Gynecology Review Course, Chicago, Illinois. June 15, 1994.

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PRESENTATIONS AND INVITED LECTURES (Cont):

103. "Female Urinary Incontinence: Treatment by Electrostimulation." Grand Rounds, Hospital du Sacre-Coeur, Montreal, Canada. June 16, 1994.

104. "Nonsurgical Management of Urinary Incontinence." Grand Rounds, Sparrow Hospital, Lansing, Michigan. June 21, 1994.

105. "Major Pelvic Hemorrhage: The Safest and Best Methods for Control; Vaginal Cones and Electrical Stimulation to Manage Stress Incontinence; What To Do With The Patient Who Continues To Leak After Multiple Incontinence Surgeries." At Operative Gynecology, Palm Beach, Florida. July 18-20, 1994.

106. "Repair of Genital Prolapse." Grand Rounds, Michael Reese Hospital, Chicago, Illinois. August 17, 1994.

107. "Evaluation, Diagnosis and Management of Urinary Stress Incontinence, Including Cystoscopy; Pelvic Anatomy and Placement of Sutures for Paravaginal Repair, Sacrospinous Fixation, and Connection of Stress Incontinence." At Gynecologic Surgical Techniques, Chicago, Illinois. August 18-19, 1994.

108. "Gynecologic Problems in Surgery; Surgery in Pregnant Women." At Specialty Review in General Surgery, Part I, Chicago, Illinois. August 22, 1994.

109. "Managing the IUD Patient." Grand Rounds, Medical College of Wisconsin, Milwaukee, Wisconsin. August 25, 1994.

110. "Managing the IUD Patient." Grand Rounds, Rush University, Chicago, Illinois. September 8, 1994.

111. "Gynecologic Problems in Surgery." At Specialty Review in General Surgery, Chicago, Illinois. September 19, 1994

112. "IUD Symposium." At the Colorado Department of Public Health, Womens' Health Symposium, Silverthorne, Colorado. October 5, 1994.

113. "Urinary Incontinence." Grand Rounds, St. Elizabeth Hospital, Chicago, Illinois. October 18, 1994.

114. "Nonsurgical Management of Urinary Incontinence." Grand Rounds, Christ Hospital, Oak Lawn, Illinois. October 24, 1994.

115. "Evaluation of Urinary Incontinence and the Bladder Neck Suspension." Atlanta, Georgia. November 18, 1994.

116. "Managing the IUD Patient." Grand Rounds, Mount Sinai Hospital, Hartford, Connecticut. January 6, 1995.

117. "Managing the IUD Patient." At the New Mexico Department of Health Clinicians Seminar, Albuquerque, New Mexico. January 26, 1995.

118. "Gynecologic Problems in Surgery." At the Specialty Review in General Surgery, Chicago, Illinois. February 2, 1995.

119. "Urinary Incontinence in Women." At the Womens' Health Issues 1995, India Medical Association (IL), USA, Chicago, Illinois. March 12, 1995.

120. "Bacterial Vaginosis." Grand Rounds, Anchor HMO, Chicago, Illinois. March 28, 1995.

121. "Urinary Incontinence in Women: What's New." Metropolitan Chapter of the American

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College of Surgeons Meeting, Chicago, Illinois. April 27, 1995.

PRESENTATIONS AND INVITED LECTURES (Cont):

122. "Evaluation of the Incontinent Patient; Surgical Management of SUI - Open Approach." at the Operative Laparoscopy, Hysterectomy, Pelvic Floor Repair and Hysteroscopy for Gynecologist. Atlanta, Georgia, June 16-17, 1995.
123. "Diagnosis and Management of Detrusor Instability; Painful Bladder Syndromes: Interstitial Cystitis, Urethral syndrome, etc; Cystourethros copy - instrumentation and techniques; Urethral Catheterization indications, risk, benefits; abdominal procedures for GSI; non surgical therapy for GSI." at Advanced Gynecology Endoscopy and Uro-gynecology, Vancouver, Canada, August 19, 1995.
124. "Evaluation of the Incontinent Patient; Surgical Management of SUI - Open Approach." At the Operative Laparoscopy, Hysterectomy, Pelvic Floor Repair and Hysteroscopy for Gynecologist. Atlanta, Georgia, September 29-30, 1995.
125. "Managing the IUD Patient." At The Regional meeting of AMWA. Chicago, Illinois, September 23, 1995.
126. "The Evaluation of the Incontinent Patient and Bladder Neck Suspension." At the Operative Laparoscopy, Hysterectomy, Hysteroscopy and Pelvic Floor Repairs for gynecologists. Atlanta, Georgia, September 29-30, 1995.
127. "Management of Severe Genital Prolapse. " Grand Rounds - University of Illinois Champaign, Illinois November 1, 1995.
128. "Pelvic Prolapse. " at the Obstetrics and Gynecology Tutorial - Oak Brook, Illinois, November 10, 1995.
129. "Algorithms for the Management Urinary Incontinence": A modern, systematic approach to Diagnosis and Treatment; Retropubic Operations for Stress Incontinence: Patient Selection, Techniques and Outcome; Cystovaginal and Rectovaginal Fistula Repair: Operations, Techniques and Outcomes. Operative Laparoscopy and Urogynecology Course, Steamboat Springs Colorado, February 7-9, 1996.
130. "Contraception" At the Osler Review Course, St. Louis, Missouri, April 21, 1996.
131. "Laparoscopic Bladder Neck Suspension; Vaginal Vault Suspension." at the Advanced Operative Endoscopy Course and Hysteroscopy Workshop, Palo Alto, California, June 1, 1996.
132. "Contraceptive Update" Osler Review Course, Chicago, Illinois, June 18, 1996.
133. "Menstrual Disorders; Urinary Incontinence; Pelvic Pain; Menopausal Syndrome. " Osler Review Course, Lisle, Illinois, July 10, 1996.
134. "Anatomy of the Pelvic Floor and Physiology of Incontinence; Evaluation of Urinary Incontinence and Pelvic Floor Disorders and Open Procedures for Urinary Incontinence. Cincinnati, Ohio, July 26, 1996.
135. "Role of Endoscopy in Reconstructive Pelvic Surgery; Evaluation of Urinary Incontinence and Open Surgical Management of Urinary Incontinence." At the Operative Gynecologic Hysteroscopy and Laparoscopy course Atlanta, Georgia, September 6-7, 1996
136. "An Overview of Urinary Stress Incontinence. " At the American Association of Gynecologic Laparoscopists, Chicago, Illinois, September 27, 1996.
137. "Gynecologic Problems in Surgery." General Surgery Review Course, Chicago, Illinois, October 9, 1996.

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138 "Contraception." Chicago Area Review Course, Chicago, Illinois, October 16, 1996.

PRESENTATIONS AND INVITED LECTURES (Cont):

139. "Contraception." Obstetrics and Gynecology Review, Chicago, Illinois, November 6, 1996.

140. "Contraceptive Update." Grand Rounds, Michael Reese Hospital, Chicago, Illinois, January 9, 1997.

141. "Contraceptive Update." Chicago Obstetrics and Gynecology Review, Chicago, Illinois, April 16, 1997.

142. "Contraception; Ectopic Pregnancy; Infections and Antibiotics; HIV and the Woman Patient; Obstetrical Emergencies." At the Obstetrics and Gynecology Review Course, St. Louis Missouri, April 23, 1997.

143. "Urinary Incontinence." "Practical Pearls for Women's Health Care: A Clinical Perspective" At the University of Illinois at Chicago, Illinois, May 17, 1997.

144. "Urinary Incontinence: Evaluation and Open Surgical Repair; Role of Laparoscopy in Pelvic Reconstructive Surgery." At the Laparoscopic Pelvic Surgery Course, Atlanta Georgia, May 23-24, 1997.

145. "Painful Bladder Syndromes." At the 25' Annual Conference for Nurse Practitioners in Women's Health, Milwaukee, Wisconsin, June 11, 1997.

146. "Contraception; Ectopic Pregnancy; Infections and Antibiotics." Arlington Heights, Illinois, June 25, 1997.

147. "Contraceptive Update." Springfield, Illinois, July 24, 1997.

148. "Evaluation and treatment of urinary incontinence; painful bladder syndromes: Interstitial cystitis, urethral syndrome, and sensory urgency; Treating pelvic floor dysfunction" at Advances in Health Care for Women Over 40. Jackson Hole, Wyoming, August 7-8, 1997.

PRESENTED ABSTRACTS:

1. Levy JS, Rosenzweig BA, Kaplan B, et al: Changed criteria for antenatal fetal heart rate testing: A five year single institution experience. Presented at the Eighth Annual Meeting of the Society of Perinatal Obstetricians, February 6, 1988, Las Vegas (Abstract #267).

2. Bergman F, Rotmensch S, Rosenzweig BA, et al: Analysis of Factor VIII complex and Von Willebrand factor multimers in preeclampsia. Presented at the Thirty-Sixth Annual Meeting of the Society for Gynecologic Investigation, March 17, 1989, San Diego (Abstract #277).

3. Thomas S, Karram M, Rosenzweig BA, Bhatia NN: Long-term experience with the Birch procedure: Effects of menopausal status on outcome. Presented at the Thirty-Eighth Annual Meeting of the American College of Obstetricians and Gynecologists, May 9, 1990, San Francisco.

4. Rosenzweig BA, Soffici AR, Thomas S, Bhatia NN: Voiding patterns of patients with cystocele. Presented at the Twelfth Annual Symposium of the Urodynamics Society, May 12, 1990, New Orleans.

5. Rosenzweig BA, Bhatia NN: The use of carbon dioxide laser in urology. Presented at the Eleventh Annual Meeting of the Gynecologic Laser Society, June 10, 1990, Chicago.

6. Rosenzweig BA, Bhatia NN, Hischke D, et al: The psychological profiles of women before and after surgical treatment of stress urinary incontinence. Proceeding of the Twentieth

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Annual Meeting of the International Continence Society, September 12-15, 1990, Aarhus, Denmark.

PRESENTED ABSTRACTS (Cont):

7. Rosenzweig BA, Bhatia NN: Temporal separation of urethral and bladder pressure spikes during cough in women with stress urinary incontinence, urge incontinence and after incontinence surgery. Proceeding of the Twentieth Annual Meeting of the International Continence Society, September 12-15, 1990, Aarhus, Denmark.
8. Rosenzweig BA, Bhatia NN, Hischke D, Thomas S, Nelson AL: The psychological status of women before and after treatment of stress incontinence. Presented at the Eleventh Annual Meeting of the American Uro-Gynecologic Society, November 1, 1990, Tarpon Springs.
9. Rosenzweig BA, Bhatia NN, Nelson AL: Pressure transmission ratio: What do the numbers really mean? Presented at the Eleventh Annual Meeting of the American Uro-Gynecologic Society, November 2, 1990, Tarpon Springs.
10. Rosenzweig BA, Blumenfeld D, Bhatia NN: Incidence of urinary incontinence in asymptomatic women with severe genitourinary prolapse: A rationale for preoperative urodynamic evaluation. Presented at the Thirty-Ninth Annual Meeting of the American College of Obstetricians and Gynecologists, May 7, 1991, New Orleans.
11. Rosenzweig BA, Blumenfeld D, Bhatia NN: Pessary test in the evaluation of detrusor instability in women with genitourinary prolapse. Proceeding of the Twenty-First Annual Meeting of the International Continence Society, October 10-12, 1991, Hannover, Germany.
12. Rosenzweig BA, Blumenfeld D, Bhatia NN: Detrusor instability in women with genitourinary prolapse: Correlation of pessary test with operative results. Presented at the Twelfth Annual Meeting of the American Uro-Gynecologic Society, October 23, 1991, Newport Beach.
13. Rosenzweig, BA, Bhatia NN, Karram. MM, Blumenfeld D: Management of recurrent severe stress urinary incontinence using modified suburethral sling procedure: Autologous versus synthetic material. Presented at the Twelfth Annual Meeting of the American Uro Gynecologic Society, October 25, 1991, Newport Beach.
14. Rosenzweig BA, Prins GS, Bolina PS, et al: Steroid receptors of the lower urinary tract in the rabbit. Presented at the Annual Clinical Meeting of the American College of Obstetricians and Gynecologists. May 5, 1993. Washington, DC.
15. Rosenzweig BA, Scotti RJ: The state of resident education in urogynecology. Presented at the CREG and APGO Annual Meeting. March 2-5, 1994, Nashville.
16. Hopkins S, Rosenzweig B, Maurice J. Laparoscopic Retrieval of an Intraperitoneal Intrauterine Device. 42nd Global Conference of Minimally Invasive Gynecology. November 2013. Washington DC.

PUBLICATIONS:

BOOK CHAPTERS:

1. Gunning JE, Rosenzweig BA. Evolution of endoscopic surgery. In: White RA, Klein SR, eds. *Endoscopic Surgery*. St. Louis, Mosby-Yearbook, Inc., 1991:3.
2. Bhatia NN, Rosenzweig, BA. The urologically oriented neurological examination. In: Ostergaard DR, Bent AE, eds. *Urogynecology and Urodynamics: Theory and Practice*,

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3rd ed. Baltimore, Williams and Wilkins, 1991:102.

3. Rosenzweig BA. Endoscopy evaluation of the lower urinary tract. In: Walters MD, Karram MM, eds. *Clinical Urogynecology*. St. Louis, Mosby-Yearbook, Inc., 1993:124.

4. Rosenzweig BA. Radiologic studies of the lower urinary tract. In: Walters MD, Karram MM, eds. *Clinical Urogynecology*. St. Louis, Mosby-Yearbook, Inc., 1993:134.

BOOK CHAPTERS (Cont):

5. Lind LR, Rosenzweig BA, Bhatia NN. Urologically oriented neurological examination. In Ostergaard Dr. Bent AE, eds. *Urogynecology and Urodynamics: Theory and Practice 4th ed.* Baltimore, Williams and Wilkins, 1996:99.

6. Maurice JM, Rosenzweig BA. Acute Female Pelvic Pain *Common Surgical Diseases: An Algorithmic Approach, 3rd Edition*, In Press

LETTERS TO THE EDITOR:

1. Levy J, Rosenzweig BA, Blumenthal P: Amnioinfusion for fetal distress. *Am J Obstet Gynecol*, 1986;155:1361.

2. Levy J, Rosenzweig BA: Intubation and resuscitation of meconium-stained newborns. *Respir Care*, 1987;32:130.

3. Levy J, Rosenzweig BA, Blumenthal P: Comparison of uterine activity by nipple stimulation and oxytocin. *Obstet Gynecol*, 1987;70:430.

4. Blumenthal P, Rosenzweig BA: The prophylactic effect of doxycycline on postoperative infection rate after first-trimester abortion. *Obstet Gynecol*, 1988;72:146.

5. Rosenzweig BA: Dynamic urethral pressure profilometry pressure transmission ratio: What do the numbers really mean? Letter (in reply). *Obstet Gynecol*, 1991;78:476.

PUBLISHED ABSTRACTS:

1. Rosenzweig BA, Rader JS, Padleckas R, et al: Correlation of human papillomavirus DNA and presence of atypical squamous cells in Pap smears. *Gynecol Oncol*, 1989;32:115.

2. Rosenzweig BA, Soffici AR, Thomas S, Bhatia NN: Voiding patterns of patients with cystocele. *Neurourol Urodynam*, 1990;9:230.

ORIGINAL ARTICLES:

1. Rosenzweig BA, Rotmensch S, Ressetar A: Term interstitial pregnancy resulting in a live infant. *Obstet Gynecol*, 1988;72:491.

*2. Blumenthal PD, Rosenzweig BA, Levy JS, et al: Ectopic pregnancy prevalence at a tertiary urban obstetrical center: The roles of previous surgery, hospital self-selection and detection bias. *Am J Gynecol Health*, 1988;2:18.

3. Levy JS, Rosenzweig BA, Blumenthal L: Bilateral tubal pregnancies after tubal sterilization. *Obstet Gynecol*, 1988;72:494.

*4. Rosenzweig BA, Rotmensch S, Binette SP, Philippe M: Primary idiopathic polymyositis and dermatomyositis complicating pregnancy: Diagnosis and management. *Obstet Gynecol Surv*, 1989;34:950.

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5. Rosenzweig BA, Levy JS, Schipour P, Blumenthal PD: Comparison of the nipple stimulation and exogenous oxytocin contraction stress tests: A randomized prospective study. *J Reprod Med*, 1989;34:950.
6. Rotmensch S, Rosenzweig BA, Philippe M: The impact of the AIDS epidemic on the philosophy of childbirth. *Am J Obstet Gynecol*, 1989; 161:855.

* Non peer review

ORIGINAL ARTICLES (Cont):

7. Rosenzweig BA, Seifer DB, Grand WD, et al: Urologic~ injury during vaginal hysterectomy. A case-control study. *J Gynecol Surg*, 1990;6:27.
- *8. Rosenzweig BA, Birenbaum DL, Baggish MS: Pelvic inflammatory disease as a complication of carbon dioxide laser surgery of the cervix. *J Gynecol Surg*, 1989;5:117.
9. Baggish MS, Sze EHM, Rosenzweig BA, et al: Direct hysteroscopic observation to document the reasons for abnormal bleeding secondary to submucous myoma. *J Gynecol Surg*, 1989;5:149.
10. Roserizweig BA, Baggish MS, Sze EHM: Carbon dioxide laser therapy for benign cervical tumors. *J Gynecol Surg*, 1990;6:97.
11. Sze EHM, Rosenzweig BA, Osborne NG, Baggish MS: Catheter-associated bacteriuria following gynecologic surgery. *J Gynecol Surg*, 1989;5:171.
12. Sze EHM, Rosenzweig BA, Birenbaum DL, et al: Excisional conization of the cervix uteri: A five-part review. Parts I and II. *J Gynecol Surg*, 1989;5:235.
13. Sze EHM, Rosenzweig BA, Birenbaum DL, et al: Excisional conization of the uteri: A five part review. Parts III, IV and V. *J Gynecol Surg*, 1989;5:325.
14. Cohn GM, Rosenzweig BA, Adelson MD, Sze EHM: A complication associated with pneumatic compression stocking used for gynecologic surgery. *J Gynecol Surg*, 1989;5:389.
15. Rader JS, Rosenzweig BA, Spirtas R, et al: Atypical squamous cells: A case-series study of the association between Papanicolaou smear and human papillomavirus DNA genotype. *J Reprod Med*, 1991;36:291.
16. Bergman F, Rotmensch S, Rosenzweig BA, et al: The role of von Willebrand factor in preeclampsia. *Thromb Haemostas*, 1991;66:525.
17. Rosenzweig BA, Soffici AR, Thomas S, Bhatia N: Urodynamic evaluation of voiding in women with cystocele. *J Reprod Med*, 1992;37:162.
18. Rosenzweig BA, Bhatia NN: The use of carbon dioxide laser in female urology. *J Gynecol Surg*, 1991;7:11.
19. Rosenzweig BA, Hischke D, Thomas S, et al: Stress incontinence in women: Psychological status before and after treatment. *J Reprod Med*, 1991;36:835.
20. Rosenzweig BA, Bhatia NN: Temporal separation of cough-induced urethral and bladder pressure spikes in women with urinary incontinence. *Urology*, 1992;39:165.
21. Karran MM, Rosenzweig BA, Bhatia NN: Artificial urinary sphincter for recurrent-severe stress urinary incontinence in women: Urogynecologic perspective. *J Reprod Med*, 1993;38:791.
22. Rosenzweig BA, Bhatia NN, Nelson AL: Dynamic urethral pressure profilometry pressure transmission ratio: What do the numbers really mean? *Obstet Gynecol*, 1991;77:586.
23. Rosenzweig BA: Neurological control of micturition. *J Gynecol Surg*, 1992;8:59.

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24. Ogundipe A, Rosenzweig BA, Karram MM, et al: Modified suburethral sling procedure for the treatment of recurrent or severe stress urinary incontinence. *Surg Gynecol Obstet*, 1992;175:173.

* Non peer review

ORIGINAL ARTICLES (Cont):

25. Rosenzweig BA, Pushkin S, Blumenfeld D, Bhatia NN: Prevalence of abnormal urodynamic test results in continent women with severe genitourinary prolapse. *Obstet Gynecol*, 1992;79:539.

26. Rosenzweig BA: Genitourinary prolapse and lower urinary tract dysfunction. *Int Urogynecol J*, 1993;4:296.

27. Regan MA, Rosenzweig BA: Vulvar carcinoma in pregnancy: A case report and literature review. *Am J Perinatal*, 1993;10:334.

28. Font GE, Brill AI, Stuhldreher PV, Rosenzweig BA: Endoscopic management of incidental cystotomy during operative laparoscopy. *J Urol*, 1993;149:1130.

*29. Marcovici I, Rosenzweig BA, Brill AI, Khan M, Scommegna A: Cervical pregnancy: Case reports and a current literature review. *Obstet Gynecol Surv*, 1994;49:49.

30. Norton P, Karram M, Wall LL, Rosenzweig BA, et al: Randomized double-blind trial of terodilime in the treatment of urge incontinence in women. *Obstet Gynecol*, 1994;84:386

31. Marcovici I, Rosenzweig BA, Brill AI, Scommegna A: Colchicine and post inflammatory adhesions in a rabbit model: A dose response study. *Obstet Gynecol*, 1993;82:216.

32. Baggish, MS, Brill AI, Rosenzweig BA, et al: Fatal acute glycine and sorbitol toxicity during operative hysteroscopy. *J Gynecol Surg*, 1993;9:137.

33. Rosenzweig BA, Bolina PS, Birch L, et al: Location and concentration of estrogen, androgen, and progesterone, and androgen receptors. in the bladder and urethra of the rabbit. *Neurourol Urodynam*, 1995;14:87.

34. Rosenzweig BA, Even AH, Scotti RJ: The state of resident education in urocytology. *Int Urogynecol J*, 1995;6:18.

*35. Rosenzweig BA, Brill AI: Laparoscopic colposuspension operation, *Pro. J Gynecol Surg*, 1994;10:203.

36. Rosenzweig BA: Severe genital prolapse and its relationship to detrusor instability. *Int Urogynecol J*, 1995; 6:86.

37. Mauck C, Glover L.H., Miller E, Allen S, Archer DF, Blumenthal P, Rosenzweig BA et al: Lea's Shield: A phase 1 study of the safety and efficacy of a new vaginal barrier contraceptive used with and without spermicide. *Contraception*, 1996; 53:329.

38. Rosenzweig BA, Even A, Budnick LE: Observations of scanning electron microscopy detected abnormalities of untreated latex condoms. *Contraception*, 1996; 53:49.

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*** Non peer review**

Revised: August 5, 2013

March 4, 2014

To Whom It May Concern:

From: Bruce A. Rosenzweig, M.D.

Please note the following fees for expert opinion \$750.00 per hour for review of medical records and conference, \$1,500.00 per hour for deposition, and \$10,000.00 for trial testimony plus travel and hotel expenses. Please forward a **retainer amount of \$15,000.00** payable to Dr. Bruce Rosenzweig to be sent with medical records (Tax ID# 201637125). Payment may be mailed to the address listed. Should you have any questions please call the office.

Sincerely,
/Bruce Rosenzweig/
Bruce A. Rosenzweig, M.D.

Exhibit B

**Testimonial History
of
Bruce Alan Rosenzweig, M.D.
2009 to Present**

Donald Budke v. Becky Simpson, M.D.
Court Case No. 10CM-CC00085
Missouri Circuit Court, 26th Judicial Circuit

Roxann Comried v. Thomas Getta, M.D., *et al.*
Court Case No. LA CV062272
Linn County District, Cedar Rapids, IA

Mary Ann Grady v. Jorge Romero, M.D.
Court Case No. CV-2011-10-5610
Ohio Common Pleas Court, Summit County, OH

Beverly Green v. Fitzgibbon Hospital
Court Case No. 08SA-CV00057
Missouri Circuit Court, 15th Judicial Circuit

Sandra L. Greene v. Lia D. Shorter, M.D., *et al.*
Court Case No. CL10000246-00
Fredericksburg Circuit Court, Fredericksburg, VA

Brooke Hollan v. Daniel Gehlbach, M.D.
Court Case No. 09CV02184
Johnson County District Court, KS

Tammy Jefferson, *et al.* v. Greater Washington Medicenter, LLC
Court Case No. CAL09-15527
Circuit for Prince George's County, MD

Mary King v. Michael Heit, M.D.
Court Case No. 13-CI-003843
Jefferson County, KY

Mary Labbe v. Summa Hospital System
Court Case No. CV-2010-11-7805
Ohio Common Pleas Court, Summit County, OH

Christy McKinney v. Summa Health System
Court Case No. CV-2011-10-5843
Ohio Common Pleas Court, Summit County, OH

Melissa Mills v. Parag Patel, M.D.
Court Case No. 05-CI-02315
Circuit Court, Boone County, KY

Judith Nash v. Kianoush Khaghany, *et al.*
Court Case No. Unknown
Michigan Circuit Court, 38th Judicial Circuit, MI

Deborah O'Donnell v. Antoinette Berkley, M.D.
Court Case No. 000971/2007
Supreme Court of New York, 9th Judicial District NY

Patricia Pater v. Mercy Health System
Court Case No. 10LA000347
Illinois Circuit Court, 22nd Judicial Circuit, IL

Marilyn Pitton, *et al.* v. Kim Josen, M.D., *et al.*
Court Case No. CV2010-050204
Arizona Superior Court, Maricopa County, AZ

Marie Skelnik v. Donald C. Whiteside, M.D.
Court Case No. 08-CVS-3683
Superior Court, Mecklenburg County, IL

Mason Smith v. John Payne, M.D.
Court Case No. 49D04-0511-CT-42869
Marion County Superior, Indianapolis, IN

Noshay v. Northwestern Medical Center
Court Case No. 10 L 004822
Cook County, IL

Tara Mills v. Todd P. Berner, M.D.
Court Case No. Unknown
Virginia

Christine A. Warner v. Thomas W. Hinz
Court Case No. Unknown
Georgia

Barbara Duckworth v. American Medical Systems
Court Case No. 201137645
Texas District Court, Harris County, TX

Lewis v. Ethicon (TVT)
Case # 2: 12 - CV – 04301
U. S. District Court Southern District of West Virginia
Deposition 11/01/2013

Elizabeth Guiterrez v Westlake Hospital et. al
Court No. 09 L 4276
Case No. 2010013165 (Illinois either Cook or Du Page county)
Deposition 11/21/2013

Lewis v Ethicon (TVT)
Case # 2: 12 - CV – 04301
U. S. District Court Southern District of West Virginia
Trial 02/11/2014

Huskey v. Ethicon (TVT-O)
Case # 2: 12 – CV – 09972
U. S. District Court Southern District of West Virginia
Deposition 3/25/14

Martinez v AMS and Endo Pharmaceuticals (Elevate & MiniArc)
Cause No. DC-13-13098
District Court of Harris County, Texas
Deposition 3/31/2014

Blankenship & Pugh v Boston Scientific Corp (Obtryx)
Case No. 2:13-cv-22906 and 01565
U. S. District Court Southern District of West Virginia
Deposition 6/09/2014

Stamper v The Christ Hospital et al
Case No. A 1205079
Hamilton County, Ohio
Deposition 6/18/2014

Carter v Glazerman, Tampa General Hosp
Case No.: 12-CA-009942
Hillsborough County, Florida
Deposition 7/03/2014

Huskey v Ethicon (TVT-O)
Case #2: 12 -CV – 09972
U. S. District Court Southern District of West Virginia
Trial Testimony 8/25-26/2014

Corbet v Ethicon (TVT-R)
Case #291
Docket No. ATL-L-2911-13
Superior Court of New Jersey, Atlantic County
Deposition 8/29/2014

Ramirez v Ethicon (TVT-O)
Civil Action # 2012-CI-18690
District Court 438th Judicial District, Bexar County, Texas
Deposition 10/11/2014

MDL v CR Bard (Align)
MDL No. 2187
U. S. District Court Southern District of West Virginia
Deposition 10/29/2014

Covington et al v CR Bard
MDL No 2187
Case # 2:12 cv-05114
U. S. District Court Southern District of West Virginia
Deposition 10/30/2014

Green et al v CR Bard
MDL No 2187
Case # 2:13 cv-30766
U. S. District Court Southern District of West Virginia
Deposition 10/31/2014

Tyree et al v Boston Scientific Corp (Obtryx)
MDL No 2326
Case # 2:12 cv – 08633
U. S. District Court Southern District of West Virginia
Trial Testimony 11/4/2014

MDL v Boston Scientific Corp (Advantage/Lynx)
MDL No 2325 – Advantage
U. S. District Court Southern District of West Virginia
Deposition 11/24/2014

Brock et al v CR Bard
MDL No 2187
Case # 2:12-cv-05114
U. S. District Court Southern District of West Virginia
Deposition 11/29/2014

Carlson et al v Boston Scientific
MDL No 2326
Case # 2:13-cv-5475
U. S. District Court Southern District of West Virginia
Deposition 12/01/2014

Higginbotham et al v Boston Scientific
MDL No 2326
Case # 2:13-cv-5475
U. S. District Court Southern District of West Virginia
Deposition 12/03/2014

Craft et al v Boston Scientific
MDL No 2326
Case # 2:13-cv-04433
U. S. District Court Southern District of West Virginia
Deposition 12/08/2014

Collins et al v Boston Scientific
MDL No 2326
Case # 2:13-cv-11658
U. S. District Court Southern District of West Virginia
Deposition 12/10/2014

Perry v Ethicon (Abbrevo)
Case No.: 1500-cv-279123 LHB
Superior Court of the State of California
County of Kern
Deposition 12/15/2014

Spohn et al v CR Bard
MDL No 2187
Case # 2:13 cv-30512
U. S. District Court Southern District of West Virginia
Deposition 12/18/2014

Perry v Ethicon (Abbrevo)
Case No.: 1500-cv-279123 LHB
Superior Court of the State of California
County of Kern
Trial Testimony 01/29/2015, 02/02/2015, 02/03/2015

Pantoja & Porter v CR Bard
MDL No 2187
Case # 2:14 cv-01353
U. S. District Court Southern District of West Virginia
Deposition 02/09/2015

Kerrn v Wagner
Case No.: 13-CA-009513
Circuit Court of the Thirteenth Judicial Circuit Hillsborough County, Florida
Civil Division
Deposition 04/02/2015

Acosta et al v CR Bard
MDL No 2187
Case # 2:13 cv-06855
U. S. District Court Southern District of West Virginia
Deposition 05/11/2015

Colletti et al v CR Bard
MDL No 2187
Case # 2:14 cv-11534
U. S. District Court Southern District of West Virginia
Deposition 05/18/2015

Brenner et al v Mentor (Obtape)
MDL Case No. 2004
U. S. District Court Middle District of Georgia
Colombus Division
Deposition 07/09/2015

Cavness v Ethicon (Prosima)
Cause No. DC-14-04220
95th District Court
Dallas County, Texas
Deposition 07/13/2015

Sherrer v Boston Scientific and CR Bard (Align & Solyx)
Case No. 1216-CV27879 Division 15
Circuit Court of Jackson County, Missouri at Kansas City
Deposition 8/3/2015

Kilgore v American Medical Systems (Elevate)
Case No.:14CV01312 Division: 14
District Court of Johnson County Kansas
Civil Court Department
Deposition 8/12/2015

Suen et al v Mentor (Obtape)
MDL Case No. 2004
U. S. District Court Middle District of Georgia
Colombus Division
Deposition 09/10/2015

Cantrell v Ethicon (TVT-R)
Master Docket No. Ber-L-11575-14
Superior Court of New Jersey Law Division – Bergen County
Deposition 09/16/2015

Mullins et al v Ethicon (TVT-R Design Defect)
MDL Master File No. 2:12-MD-02327
U. S. District Court Southern District of West Virginia
Deposition 09/22/2015

Cavness v Ethicon (Prosima)
Cause No. DC-14-04220
95th District Court
Dallas County, Texas
Trial 09/24/2015

Carlson v Boston Scientific (Uphold)
MDL No 2326
U. S. District Court Southern District of West Virginia
U. S. District Court Western District of North Carolina
Trial 10/08/2015

Sherrer v Boston Scientific and CR Bard (Solyx and Align)
Case No. 1216-CV27879 Division 15
Circuit Court of Jackson County, Missouri at Kansas City
Trial 12/10-11/2015, 12/14-16/2015

Carlino v Ethicon (TVT R)
No. 03470
Court of Common Pleas
Philadelphia County, Pennsylvania
De Bene Esse Deposition 12/22/2015; 01/13–14/2016

Carter v AMS (Sparc & Perigee)
C.A. No N10C-05-209-PEL
Superior Court Of the State of Delaware
Deposition 1/18/2016

McGee v Ethicon (TVT Secur)
No. 3483
Court of Common Pleas
Philadelphia County, Pennsylvania
Deposition 2/04/2016

Burkhart et al v Ethicon
MDL 2327
Master File No. 2:12-MD-02327
U. S. District Court Southern District of West Virginia
Deposition 3/10/2016

Forester et al v Ethicon
MDL 2327
Master File No. 2:12-MD-02327
U. S. District Court Southern District of West Virginia
Deposition 3/11/2016

Herrera-Nevarez et al v Ethicon
MDL 2327
Master File No. 2:12-MD-02327
U. S. District Court Southern District of West Virginia
Deposition 3/12/2016

Vignos-Ware et al v Ethicon
MDL 2327
Master File No. 2:12-MD-02327
U. S. District Court Southern District of West Virginia
Deposition 3/13/2016

Wroble et al v Ethicon
MDL 2327
Master File No. 2:12-MD-02327
U. S. District Court Southern District of West Virginia
Deposition 3/19/2016

Ramirez v Ethicon (TVT-O)
Civil Action # 2012-CI-18690
District Court 438th Judicial District, Bexar County, Texas
De Bene Deposition 3/31/2016

Childress et al v Ethicon
MDL 2327
Master File No. 2:12-MD-02327
U. S. District Court Southern District of West Virginia
Deposition 5/22/2016

Meyer et al v Ethicon
MDL 2327
Master File No. 2:12-MD-02327
U. S. District Court Southern District of West Virginia
Deposition 5/26/2016

Cooper et al v Ethicon
MDL 2327
Master File No. 2:12-MD-02327
U. S. District Court Southern District of West Virginia
Deposition 6/04/2016

Hernandez et al v Ethicon
MDL 2327
Master File No. 2:12-MD-02327
U. S. District Court Southern District of West Virginia
Deposition 6/05/2016

Mullins Consolidated (TVT-R)
Bennett et al v Ethicon
MDL Master File No. 2:12-MD-02952
U. S. District Court Southern District of West Virginia
Deposition 06/22/2016

Mullins Consolidated (TVT-R)
Gillum et al v Ethicon
MDL Master File No. 2:12-MD-02952
U. S. District Court Southern District of West Virginia
Deposition 06/25/2016

Mullins Consolidated (TVT-R)
Burgoyne et al v Ethicon
MDL Master File No. 2:12-MD-02952
U. S. District Court Southern District of West Virginia
Deposition 06/26/2016

Jasso v Ethicon (Prosima)
State of New Mexico, County of Bernalillo
Second Judicial District No. D-202 CV-2013-05744
Deposition 07/14/2016

Mullins Consolidated (TVT-R)
Tomblin et al v Ethicon
MDL Master File No. 2:12-MD-02952
U. S. District Court Southern District of West Virginia
Deposition 07/20/2016

Hill et al v Ethicon
MDL 2327
Master File No. 2:12-MD-02327
U. S. District Court Southern District of West Virginia
Deposition 8/25/2016

Smith v Ethicon (TVT-O)
Master Docket No. Ber-L-11575-14
Superior Court of New Jersey Law Division Bergen County
Docket No. Ber-L-16720-14 MCL
Deposition 8/31/2016

Flores v Boston Scientific (Solyx, Pinnacle, Uphold)
Civil Action No. MCV2012-02867
Commonwealth of Massachusetts
Middlesex, SS. Superior Court
Deposition 12/19/2016

Engleman v Ethicon (TVT-S)
March Term, 2014 No. 5384
Philadelphia County Court of Common Pleas
Trial Division
Deposition 01/12/2017

Fee Schedule

Document Review, IME & Expert Report \$750/hour

Deposition \$1,500/hour

Half Day of Trial \$5,000

Full Day of Trial \$10,000

Exhibit C

Materials Reviewed

Depositions of Parties

Shelby Anders (12/22/2016)

Medical & Billing Records

Female Pelvic Medicine and Reconstructive Surgery
Horace E. Walpol Jr. M.D.
Jeffrey B. Garris, M.D.
Carolina Continence Center
Greenville Health System
Highlands Center for Women
Powdersville Internal Medicine
University Medical Group Department of OB/GYN Urogynecology Department
Greenville Hospital System
Oaktree Medical Centre, P.C.
Pathology Consultants, Inc.
Gastroenterology Associates, P.A.-Eastside Office
Brio Internal Medicine
ATI Physical Therapy
Carolina Orthopaedic Center
Carolina Cardiology Consultants, P.A.
LabCorp of America
Thomas F. Mattox, M.D.

Instructions for Use

Gynecare TVT-S Instructions for Use
Gynecare TVT-S Patient Brochures
Gynecare Prolift Instructions for Use
Gynecare Prolift Patient Brochures

Other

Plaintiff Fact Sheet
Plaintiff Profile Form
Defendants' Fact Sheet

Incorporated Materials

All materials cited in and reviewed for the TVT-S and Prolift general causation reports